

FORM NO. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Hampton

STATE OF SOUTH CAROLINA.

File No. For State Registrar Only
77474

Township of Peeples

Bureau of Vital Statistics

State Board of Health

Inc. Town of Hampton

Registration District No. 2002 Registered No. 189
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Audrey Lee Whitlock .. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept - 17 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Whitlock

(14) NAME BEFORE MARRIAGE Jerline Ruth

(9) PRESENT POSTOFFICE OF FATHER Hampton

(15) PRESENT POSTOFFICE OF MOTHER Hampton

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 16 (Years)

(12) BIRTHPLACE Hampton Co

(18) BIRTHPLACE Hampton

(13) OCCUPATION Farming

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 PM M.,
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature) Eve Ruth
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton SC

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 21 1916. (28) A. H. Rogers
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

K O D A K S . A F