

FORM NO. 1.

(1) PLACE OF BIRTH

County of Georgetown  
 Township of # 5

or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

89954

Registration District No. 2104 Registered No. 48  
 (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 Joe Dward } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 27 1917</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Joe Dward

(9) PRESENT POSTOFFICE OF FATHER Rhums S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE Cherokee SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 9

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mattie Sessions

(15) PRESENT POSTOFFICE OF MOTHER Rhums S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Cherokee SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. W. Williams  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness H. W. Williams  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 2 1917 (28) G. L. Ellis Local Registrar.

\*In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5. Macaw, of Columbia.

\*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.