

Form No. 1

(1) PLACE OF BIRTH

County of County

Township of St. Helena

or
Inc. Town of
or

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

84444

Registration District No. 604

Registered No. 1165
(For use of Local Registrar)

(2) Full Name of Child No Name

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>Nov 8</u> (Name of Month) (Day) 19 <u>16</u> (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Prince Regae</u>		(14) NAME BEFORE MARRIAGE <u>Lilly Warren</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Argonne SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Argonne SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Domestic</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A M.,
on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Prince Regae

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Argonne SC

Given name added from a supplement-
tal report

(26) Witness A. R. Davis
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 11/8 1916 (28) West Archer
Registrar 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.

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.