

Form No. 1

(1) PLACE OF BIRTH
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 County of Greenville
 Township of Grope
 or
 Inc. Town of Piedmont
 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
85851

Registration District No. 2210 Registered No. 75
 (For use of Local Registrar)

(2) Full Name of Child Celia Black } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 23 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Black
 (9) PRESENT POSTOFFICE OF FATHER Greenville R 6
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50 (Years)
 (12) BIRTHPLACE Greenville Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER.
 (14) NAME BEFORE MARRIAGE Anna Rhodes
 (15) PRESENT POSTOFFICE OF MOTHER Greenville R 6
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 48 (Years)
 (18) BIRTHPLACE Greenville Co
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at Oct 23 1916 M., on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) S. D. Campbell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

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 Nov 11 1916 (28) S. A. Mims 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.