

Form No. 1

(1) PLACE OF BIRTH

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County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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)

St.; Ward

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

(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

30

(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

40

(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 the date above stated.

(23) (Signature) S. A. Mims

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

Physician Rudman

Given name added from a supplemental report

191

(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.