

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH.

File No.—For State Registrar Only

69123

(1) PLACE OF BIRTH

County of Laurens

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Pleasant HillRegistration District No. 2806Registered No. 71

(For use of Local Registrar)

Inc. Town of

City of

(No. St.; Ward)

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

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

(2) Full Name of Child

Baby Bailey

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

Is he answered only in case of twins or triplets

(5) Number in order of birth

8th

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

6 9 16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Will J. Bailey

(9) PRESENT POSTOFFICE OF FATHER

Laurens, SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY (Years)

39

(12) BIRTHPLACE

Laurens Co

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Rena Carter

(15) PRESENT POSTOFFICE OF MOTHER

Laurens SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY (Years)

36

(18) BIRTHPLACE

Pleasant Hill

(19) OCCUPATION

House wife

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

eight

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn)4:46 A.M. (Hour, A. M. or P. M.)

(23) (Signature)

J. L. Allen

(24) State whether Physician or Midwife

MD

(25) Address of Physician or Midwife

Laurens SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 7-1916

(28) Local Registrar

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.

FORM NO. 1
MARGIN RESERVED FOR THE BUREAU OF VITAL STATISTICS
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 OTHERS, No. 2, etc., in question 8.