

Form No. 1.

(1) PLACE OF BIRTH

County of York
Township of York
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

47769

Registration District No. 4408 Registered No. 10

(For use of Local Registrar)

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

(2) Full Name of Child Gorgia

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Williams

(9) PRESENT POSTOFFICE OF FATHER York R 4 D 3

(10) COLOR X OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Near York

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Hubbard

(15) PRESENT POSTOFFICE OF MOTHER York R 3

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE York

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at York Friday 4 PM
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Georgia Williams

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

Given name added from a supplemental report

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

(27) Filed Jan 25 1916 (28) J. S. Barron Local Registrar

MARGIN RESERVED FOR BINDING.
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 OTHER, No. 2, etc., in question 5.

McGraw, 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.