

(1) PLACE OF BIRTH

County of Florence  
Township of .....

OF

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 Lucretia M. Bride 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 1911  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rosie M. Bride(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Charlottesville S.C.(13) OCCUPATION tailor(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Nichols(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Charlottesville S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. H. Jarrow(24) State whether Physician or Midwife (25) Address of Physician or Midwife metwice Florence S.C.

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 July 30 1911 6 (28) M. H. Jarrow Deputy 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.

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. McCaw, of Columbia.

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
64269Registration District No. 70-A Registered No. 15-1  
(For use of Local Registrar)(No. 1 St.; ..... Ward)