

Form No. 1.

(1) PLACE OF BIRTH

County of J. Lawrence

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64264

Registration District No. R.O.A. Registered No. 143

(For use of Local Registrar)

(No. 519 Barringer St.; ..... Ward)

(2) Full Name of Child Josie Stevenson

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 9, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Richard Wright

MOTHER.  
(14) NAME BEFORE MARRIAGE Josie Stevenson

(9) PRESENT POSTOFFICE OF FATHER Country

(15) PRESENT POSTOFFICE OF MOTHER J. Lawrence

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24  
(Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19  
(Years)

(12) BIRTHPLACE Maro Bluff

(18) BIRTHPLACE Darlington

(13) OCCUPATION farmer

(19) OCCUPATION Cooking

(20) Number of children born to mother, including present birth 1

(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 born alive ..... 1.0 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen K. Allen

(24) State whether Physician or Midwife Midwife (Title of Physician or Midwife)

Given name added from a supplemental report

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

(27) Filed June 14, 1916 (28) M. H. Jaeger 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.