

Form No. 1

(1) PLACE OF BIRTH
County of Hampton
Township of Hampton

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
77442

Inc. Town of Registration District No. 2400 Registered No. 46
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Deloach { If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 30 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Deloach
(9) PRESENT POSTOFFICE OF FATHER Gifford S.C.
(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 6

MOTHER.
(14) NAME BEFORE MARRIAGE Anna Meyers
(15) PRESENT POSTOFFICE OF MOTHER Gifford
(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Hampton
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jane Darling Gifford
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gifford

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 9.23 1916 (28) W. E. Lickman 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.

CaW. of Columbia.