

Form No. 1

(1) PLACE OF BIRTH

County of San Juan

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

40145

Registration District No. 1.1.1. Registered No. 1910
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Dec 25, 1910</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

8) FULL NAME <u>Moses Burns</u>	14) NAME BEFORE MARRIAGE <u>Blair Henry</u>
9) PRESENT POSTOFFICE OF FATHER <u>San Juan</u>	15) PRESENT POSTOFFICE OF MOTHER <u>San Juan</u>
10) COLOR OR RACE <u>White</u>	16) COLOR OR RACE <u>White</u>
11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
12) BIRTHPLACE <u>San Juan</u>	18) BIRTHPLACE <u>San Juan</u>
13) OCCUPATION <u>Farming</u>	19) OCCUPATION <u>Farming</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at San Juan on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blair Henry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife San Juan, SC

(Given name added from a supplemental report)

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

(27) Filed (28) 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.