Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
56289

(1) PLACE OF BIRTH

County of Horry

Township of Waccamaw

or

Inc. Town of ..... Registration District No. 2504 Registered No. 11 (For use of Local Registrar)

or

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. Albertha Rackley { 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 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Apr. 13 (Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME Daniel P. Rackley

(9) PRESENT POSTOFFICE OF FATHER Aynor, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Cophia Edwards

(15) PRESENT POSTOFFICE OF MOTHER Aynor, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Caroline Vereen

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Waccamaw, S.C.

Given name added from a supplemental report

....., 191....

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Registrar

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

(27) Filed 4/21/1916. (28) C. Haskell Todd
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.

McCaw, of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the