

FORM NO. 1.

(1) PLACE OF BIRTH

County of HarryTownship of BucksInc. 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

49474

Registration District No. 2 S.C.H.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Charles Todd

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

(3) ~~BOY~~ OR GIRL? (4) Twin or Triplet? Yes (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Forney L Todd(9) PRESENT POSTOFFICE OF FATHER Forney Lb

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

(12) BIRTHPLACE Bucks Township(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth two

MOTHER

(14) NAME BEFORE MARRIAGE Lina Luck(15) PRESENT POSTOFFICE OF MOTHER Forney Lb(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 23(18) BIRTHPLACE Bucks Township(19) OCCUPATION Farmer(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness H. J. Luck
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 15 1916. (28) S. F. B. B. 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.

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

McCaw, of Columbia.