

Form No. 1

## (1) PLACE OF BIRTH

County of

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  
58669

Registration District No. 404 Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child Pearl Franklin

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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 7 1916

## FATHER.

(8) FULL NAME James Franklin

(9) PRESENT POSTOFFICE OF FATHER Ehrhardt S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Bamberg Co. S.C.

(13) OCCUPATION Farm Laborer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Lou Crosby

(15) PRESENT POSTOFFICE OF MOTHER Ehrhardt S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Bamberg Co. S.C.

(19) OCCUPATION Farm Laborer

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. Grant (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ehrhardt S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 5/26/16 (28) G. J. Herndon 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.

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.  
McChay of Columbia