

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Lynchburg
 or
 Inc. Town of _____
 or
 City of _____

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

File No.—For State Registrar Only
45748

Registration District No. 8082 Registered No. 13
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; _____ Ward)

2. Full Name of Child Margaret Levenna Andrews 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 26 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Heyward Andrews.
 9. PRESENT POSTOFFICE OF FATHER Lynchburg S.C.
 10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 12. BIRTHPLACE Sumter Co. S.C.
 13. OCCUPATION Farming
 14. Number of children born to mother, including present birth 9

MOTHER.
 14. NAME BEFORE MARRIAGE Rebelle Davis
 15. PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.
 16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)
 18. BIRTHPLACE Sumter Co. S.C.
 19. OCCUPATION Farming
 21. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Rebecca Scarborough
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____, 191.....

(26) Witness Mrs. Sarah Andrews
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/3 1916. (28) John M. McIntosh Sr. 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.

WHILE READING WITH READING BAR—THIS IS A PERMANENT RECORD.
 K. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw