

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Lynchburgor
Inc. Town ofor
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

Registration District No. 8002

File No.—For State Registrar Only

45748

Registered No.

13

(For use of Local Registrar)

St.; Ward)

2. Full Name of Child Margaret Levisia 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

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) 1916

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

Abell 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

(20) 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 at on the date above stated.

(23) (Signature) Rebecca Starkborough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife - Elliott P.O. R.T.D. Box 64.

Given name added from a supplemental report

Registrar

(26) Witness

Mrs. Sarah Andrews

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

(27) Filed 4/31916

(28)

J. F. Minton 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 FILLING IN, WITH READING 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.
McCAW, C. C. C.