

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

48010

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Haley

(9) PRESENT POSTOFFICE OF FATHER

Jefferson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Chester field

(13) OCCUPATION

farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Horton

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Chester field

(19) OCCUPATION

house wife

(21) 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 ... on the date above stated.

(23) (Signature)

Annie Haley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid wife

Bethune St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed

Feb 10 1906

(28) M. M. Johnson

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.

MAKING RESERVATION FOR BINDING.

WRITE SEPARATELY, WITH DETAILS, THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC., IN QUESTION 5.

Office of Registrar