

Form No 1.

## (1) PLACE OF BIRTH

County of CharlottesvilleTownship of 11or  
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

SEAL OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
59546Registration District No. 1.670.1 Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child Harmon M. Mendenhall

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 21</u> 191 <u>6</u>
<small>To be answered only in event of Twin or Triplet's</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER'S

(8) FULL NAME Minus Mendenhall

(9) PRESENT POSTOFFICE OF FATHER Charlottesville R.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Charlottesville Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 6 .....

MOTHER'S

(14) NAME BEFORE MARRIAGE Perminar Mendenhall

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville R.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Charlottesville Co

(19) OCCUPATION House - Keeper

(21) Number of children of this mother now living, including present birth { ..... 5 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at ..... 6 ..... A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elaine X. Means(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Charlottesville R.

Given name added from a supplemental report

....., 191.....

.....

Registrar

(26) Witness E. A. Early

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

(27) Filed May 1916 (28) E. A. Early

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.

McCaw, of Columbia. AT THE TIME OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.