

Form No 1.

(1) PLACE OF BIRTH

County of Harriet Co.Township of Ryder

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

49457

Registration District No. 2402Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Charles Washington

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

(3) BOY OR GIRL? boy(4) Twin or Triplet? 1(5) Number in order of birth 7

(To be answered only in case of Twin or Triplet)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Calvin Mole

(9) PRESENT POSTOFFICE OF FATHER

Brunson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

February 8

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Anne Hairs

(15) PRESENT POSTOFFICE OF MOTHER

Brunson

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34 (Years)

(18) BIRTHPLACE

February 8

(19) OCCUPATION

Farmer

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

Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Rose Ann on the date above stated. (Born Jan 12)(23) (Signature) Sarah Hairs

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

February 8, 1916Sarah Hairs

Registrar

(26) Witness

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

(27) Filed Feb 8, 1916(28) Sarah Hairs

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.

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, of Columbia.

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