

Form No. 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of #01  
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  
**46113**

Registration District No. 1900 Registered No. 6  
(For use of Local Registrar)  
St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Iziah Englebert } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14, 1916  
(Name of Month) (Day) (Year)  
to be answered only in event of twins or triplets

**FATHER.**

(8) FULL NAME Moses English

(9) PRESENT POSTOFFICE OF FATHER Blairs S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE Fairfield Co., S. C.

(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth } 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Passion Coleman

(15) PRESENT POSTOFFICE OF MOTHER Blairs S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33  
(Years)

(18) BIRTHPLACE Fairfield Co., S. C.

(19) OCCUPATION Housewife

(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 alive at 7 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sis Crosby  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife | Blairs S. C.

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

(27) Filed Jan. 20, 1916 (28) H. G. Collins Local Registrar

Given name added from a supplemental report

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Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING 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, of Columbia.

\*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.