

Form No. 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of #1

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

46113

Registration District No. 1900

Registered No. 6

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. Iziah English

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, 1906
(Name of Month) (Day) (Year)

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 alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sister Crosby

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Blairs S. C.

(26) Witness Moses English

(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

*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.

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.