

Form No. 1

(1) PLACE OF BIRTH

County of Bamberg

Township of 3 mile

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
63133

Registration District No. 404 Registered No. 851

(For use of Local Registrar)

2. Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Golie Wright
(9) PRESENT POSTOFFICE OF FATHER Edwards, I.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Bamberg Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Hattie Glover
(15) PRESENT POSTOFFICE OF MOTHER Edwards, I.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Bamberg Co.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Martha Johnson
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Edwards, I.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/2 1916 (28) Y. J. Herndon 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.

WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT PAPER CARD. 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.