

Form No. 1.

(1) PLACE OF BIRTH

County of BarnwellTownship of Georgia Creekor
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

88481

Registration District No. 507 Registered No. 29
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edella Moselle Black If child is not yet named, make supplemental report as directed(3) ~~Boy~~ or
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of twins or triplets(6) Are
Parents
Married?(7) DATE OF Nov. 1, 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEW. K. Black(9) PRESENT
POSTOFFICE
OF FATHERGeorgia S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 35
(Years)

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth{ 2 }

MOTHER.

(14) NAME BEFORE
MARRIAGEMary Jane Davis(15) PRESENT
POSTOFFICE
OF MOTHERGeorgia S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Crazeburg Co.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth{ 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) R. L. K. K. K. K. K.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianBarnwell S.C.Given name added from a supplement-
tal report

191...

Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Nov 2 6 191...(28) R. L. K. K. K. K. K. 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.

WRITING READING: WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.
Day of November