

Form No. 1

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74737

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

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.)

Registration District No. 4001 B Registered No. 88

(For use of Local Registrar)

St.; ..... Ward)

(No. .... St.; ..... Ward)

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

(2) Full Name of Child. Mollie May Tharm(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 3, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Poland Tharm (14) NAME BEFORE MARRIAGE Heathie Liles(9) PRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER Charleston(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (12) BIRTHPLACE Spring Co(13) OCCUPATION Farmer (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27(18) BIRTHPLACE Spring Co (19) OCCUPATION Domestic(20) 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 1 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. G. Hill (24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Spring #2

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

(27) Filed Aug 7, 1916 (28) A. J. Burton 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.