

Form No. 1.

(1) PLACE OF BIRTH

County of Anderson

Township of Sumner

Inc. Town of _____
or _____

City of _____ (No. _____) (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

48046

Registration District No. 311 Registered No. 12
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 17
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myron Hester

(9) PRESENT POSTOFFICE OF FATHER Sumner to Lowville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Sumner, South Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sal Adams

(15) PRESENT POSTOFFICE OF MOTHER Lowville R.F.D. 2

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY not this (Years)

(18) BIRTHPLACE _____

(19) OCCUPATION at home with family

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report _____

(26) Witness L. M. Adams (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed May 10 1916 (28) J. A. Jordan Local Registrar

REPRODUCED FROM THE ORIGINAL RECORDS OF THE STATE BOARD OF HEALTH, COLUMBIA, S. C. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 3.

*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.