

Form No. 1

(1) PLACE OF BIRTH

County of Yamou
 Township of Wish Dam
 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
87703

Registration District No. 4203 Registered No. 48
 (For use of Local Registrar)

(2) Full Name of Child

Heechie John

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 Nov. 22, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Anderson John
 (9) PRESENT POSTOFFICE OF FATHER Carlele
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Carlele
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was three at 12 O. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur J. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Nov 25 1916 (28) St. John 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.

MARGIN RESERVED FOR BINDING

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

It is the duty of the Registrar to make a SEPARATE PLAIN for each child, and mark it FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Chav. of Columbia.