

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Holmes Bridgeor
Inc. Town of

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

90748

Registration District No. 3008 Registered No. 8883

(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 BIRTH Dec 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Moses(9) PRESENT POSTOFFICE OF FATHER Bishopville SC 26(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Lee Co(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Gardner(15) PRESENT POSTOFFICE OF MOTHER Bishopville SC 26(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Lee 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 Alive, at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ann Brown(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bishopville SC

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 Dec 14 6 (28) 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.