

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

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. 47711 For State Registrar OnlyRegistration District No. 4400 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child Mary Frances Currence If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark Currence(9) PRESENT POSTOFFICE OF FATHER York #8(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE York co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lina Beard(15) PRESENT POSTOFFICE OF MOTHER York #8(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(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 alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. B. Neal

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chapel

Given name added from a supplemental report

June 29, 1916Registrar

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

(27) Filed 1916 (28) J. A. Quinn Local Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Claw, of Columbia

*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.