

Form No. 1.

(1) PLACE OF BIRTH

County of Barnwell

Township of Blackville

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

88449

Registration District No. 504

Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child. Gordon Shipes, Jr. { If child is not yet named, make supplemental report as directed

(3) BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gordon Shipes

(9) PRESENT POSTOFFICE OF FATHER Blackville, S.C., R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Still

(15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C., R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah E. Hammond, Midwife

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

Midwife Blackville, S.C., R.F.D.

Given name added from a supplemental report

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

(27) Filed Dec. 30, 1916 (28) C. S. Hammond 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.

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, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.