

Form No. 1

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of Fort Mill
 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

50811

Registration District No. 4-4-06 Registered No. 10
 (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? boy (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH July 15, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Hucker(9) PRESENT POSTOFFICE OF FATHER Fort Mill S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
 (Years)(12) BIRTHPLACE Mecklenburg Co., N.C.(13) OCCUPATION Mill operative(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Whitesides(15) PRESENT POSTOFFICE OF MOTHER Fort Mill S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
 (Years)(18) BIRTHPLACE York Co., S.C.(19) OCCUPATION Domestic(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 white at 9:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J.B. Elliott M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mill S.C.

Given name added from a supplemental report

Mar - 10 1916A.L. Parks
 Registrar(26) Witness A.L. Parks

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

(27) Filed 1916 (28) Local Registrar

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

M. R.—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.

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.