

Form No. 1

(1) PLACE OF BIRTH

County of EdgelyTownship of Edgely

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
85435Registration District No. 1810 Registered No. 61
(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? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 3</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Astra Lamar Black(9) PRESENT POSTOFFICE OF FATHER Trenton S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Edgely County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Esabel Murphy(15) PRESENT POSTOFFICE OF MOTHER Trenton S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Edgely County(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 live at 1.00 PM P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. Moss

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

Physician Trenton S C

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 1 1916 (28) J R Moss 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.

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