

Form No. 1.

(1) PLACE OF BIRTH

County of Union

Township of

or

Inc. Town of Union

or

City of Union

(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

92051

Registration District No. 42 A

Registered No. 184

(For use of Local Registrar)

St. 3 Ward

(2) Full Name of Child Jamies D. Ankins

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE Dec. 7 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rice D. Ankins

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE

Union C. S.

(13) OCCUPATION

Mill Work.

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Hennetta Ford

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE

Union S. C.

(19) OCCUPATION

Laundry

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour 8 o'clock or P. M.)

(23) (Signature) M. J. Ankins

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

Given name added from a supplemental report

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Registrar

(26) Witness Emma Snider Latta Rice

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

(27) Filed Dec 7 1916 (28) S. H. Garratt

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.

WHEN PLACED IN A FORMER EDITION OF THIS FORM, THE REGISTRAR MUST BE NOTIFIED BY A SUPPLEMENTAL REPORT. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.