

Form No 1.

## (1) PLACE OF BIRTH

County of MarbleTownship of Adams

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

49859

Registration District No. 3300 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Elizabeth Quint { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or triplet? Twins(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 16, 1917

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Feb Quint(9) PRESENT POSTOFFICE OF FATHER Leno NC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Leno Co NC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE May M Cay(15) PRESENT POSTOFFICE OF MOTHER Leno NC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE Scotland Co NC(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (M. or F. M.) on the date above stated.(23) (Signature) Victoria M. Hunter(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Leno NC

Given name added from a supplemental report

(26) Witness Henry Hunter

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

(27) Filed 3/10 1917(28) Henry Hunter 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.

MARGIN RESERVED FOR BINDING.

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.

Caw of Columbia