

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington

Township of

or
Inc. Town of Batesburg

or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46832

Registration District No. 31-A Registered No. 64
(For use of Local Registrar)

St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Juana Hull } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin Twin or Triplet? (5) Number in order of birth 1 (6) Are Mar Parents Married? (7) DATE OF BIRTH Jan 4 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE Gertrude Hull

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Batesburg SC

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 20
(Years)

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

(12) BIRTHPLACE

(18) BIRTHPLACE Suluda Ga

(13) OCCUPATION

(19) OCCUPATION Ordinary Laborer

(20) Number of children born to mother, including present birth } 2

(21) Number of children of this mother now living, including present birth } 2 same

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn) (Hour 3 M. or P. M.) on the date above stated.

(23) (Signature) Amelia X. Carley

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

Midwife | Batesburg

Given name added from a supplemental report

(26) Witness S. J. Atkinson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 11 1916 (28) S. J. Atkinson 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. M. 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. McCaw, of Columbia.