

Form No. 1.

(1) PLACE OF BIRTH

County of Lexington

Township of .....

or  
Inc. Town of Batesburg

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)

(No. .... 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 Trin or Triplet? (5) Number in order of birth 1 (6) Are Mar Parents Married? (7) DATE OF BIRTH Jan 6 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Hull

(15) PRESENT POSTOFFICE OF MOTHER Batesburg SC

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

(18) BIRTHPLACE Saluda Co

(19) OCCUPATION Ordinary Laborer

(21) Number of children of this mother now living, including present birth { None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

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

(27) Filed Jan 11 1916 (28) S. J. Attman 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.