

Form No. 1.

(1) PLACE OF BIRTH

County of Cherokee

Township of Winstone

or

Inc. Town of

or

City of

(No. .... St.; ..... Ward)  
(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

45718

Registration District No. 1002 Registered No. 1  
(For use of Local Registrar)

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

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

FATHER.

(8) FULL NAME Linnud Dariusson

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Cherokee Co S.C.

(13) OCCUPATION Hammer

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Leiper

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Cherokee Co S.C.

(19) OCCUPATION House ward

(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 9 hrs. at 10<sup>00</sup> P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Bittelmann, M.D.

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

Gaffney 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 Jan 10 1916 (28) W. D. Bittelmann 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 stillbirth before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. 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.