

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
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

48216

Registration District No.

70.5

Registered No.

H

(For use of Local Registrar)

(2) Full Name of Child

Gemma Freeman

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

(3) SEX OF  
CHILD

Girl

(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

Feb. 8

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME

Joe Freeman

(9) PRESENT  
POSTOFFICE  
OF FATHER

St. Stephens Co

(10) COLOR  
OR  
RACE

Colored

(11) AGE AT LAST  
BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Berkley Co

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Ema Gairdine

(15) PRESENT  
POSTOFFICE  
OF MOTHER

St. Stephens Co

(16) COLOR  
OR  
RACE

Colored

(17) AGE AT LAST  
BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Berkley Co

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Chenar X. Freeman

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

Midwife

St. Stephens Co

Given name added from a supplemental report

(25) Witness

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

(27) FEB. 11, 1916

(28)

R. M. Boykin

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.

WHERE PLAINLY, WITH ENLARGING INK—THIS IS A REPRODUCIBLE FORM. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 5.

McGraw-Hill of Columbia