

Form No. 1

(1) PLACE OF BIRTH

County of HesterTownship of Halselville

Inc. Town of

City of

Registration District No. 1104 Registered No. 272) Full Name of Child Millie Elum If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 28, 1916
To be answered only in case of Twin or Triplet (For use of Local Registrar)

FATHER.		MOTHER.	
(8) FULL NAME <u>Pearl Elum</u>	(14) NAME BEFORE MARRIAGE <u>Currier Mabry</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Leeds S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leeds S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(12) BIRTHPLACE <u>Fairfield Co</u>	(18) BIRTHPLACE <u>Fairfield Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Show A. M. or P. M.)

(23) (Signature) Kit. Hughes (24) State whether Physician or Midwife Midwife (25) Signature of Physician or Midwife Leeds S.C.

Given name added from a supplemental report

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

(27) Filed July 27, 1916 (28) H. T. McDaniel 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.