

Form No. 1

(1) PLACE OF BIRTH

County of KorryTownship of Bucks

Inc. Town of

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

77511

Registration District No. 2501 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Leola Rawls } If child is not yet named, make supplemental report as directed(3) BOY-OR-GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth Two (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 10, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Gleny Rawls (14) NAME BEFORE MARRIAGE Adaline Washington(9) PRESENT POSTOFFICE OF FATHER Wrensport S.C. (15) PRESENT POSTOFFICE OF MOTHER Bucksport(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years) (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Bucksport S.C. (18) BIRTHPLACE Bucksport S.C.(13) OCCUPATION Labors (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth } Two (21) Number of children of this mother now living, including present birth } Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 o'clock on the date above stated. (Born alive or stillborn) (Hour 7 P. M.)(23) (Signature) Anna C. Ackerman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Perth Main

Given name added from a supplemental report

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

(27) Filed Sep 13 1916 (28) S. J. Bourne 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.

MARGIN RESERVED FOR BINDING.
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.
McGraw, of Columbia.