

Form No. 1.

(1) PLACE OF BIRTH

County of BarnwellTownship of Blackville

OR

Inc. Town of

OR

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

88448

Registration District No. 504 Registered No. 101

(For use of Local Registrar)

City of (No. St.; Ward)

(2) Full Name of Child Mazekiah Thomas Woolf If child is not yet named, make supplemental report as directed(3) BOY on Boy (4) win or Triplet? (5) Number in order of birth (6) Are Pa Parents Father Married? (7) DATE OF BIRTH Dec. 1, 1916 (Name of Month) (Day) (Year)(8) FULL NAME Separated absent from husband for two years. (9) PRESENT POSTOFFICE OF FATHER ? (10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY ? (Years) (12) BIRTHPLACE ? (13) OCCUPATION ?(14) NAME BEFORE MARRIAGE Rose Belle Woolf (15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C., R.F.D. (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years) (18) BIRTHPLACE S.C. (19) OCCUPATION Day labor farm hand(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a.m. on the date above stated. (Born alive on stillborn) (Hour A. M. or P. M.)(23) (Signature) (24) State whether Physician Midwife (25) Address of Physician Midwife Blackville, S.C., R.F.D.

Given name added from a supplemental report

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

(27) Filed Dec 23, 1916 (28) E. S. Hammond 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.
McClure, of Columbia.