Form No 1.

(1) PLACE OF BIRTH

County of .....

Township of .....

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
54126

Registration District No. 44B Registered No. 61
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Black — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Feb	25	1916

FATHER.		MOTHER.	
(8) FULL NAME	Casper N. Black	(14) NAME BEFORE MARRIAGE	Carrie Gibson
(9) PRESENT POSTOFFICE OF FATHER	Rock Hill S C	(15) PRESENT POSTOFFICE OF MOTHER	Rock Hill S C
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	V. V.	(17) AGE AT LAST BIRTHDAY (Years)	36
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C
(13) OCCUPATION	Co Yarnmill Operative	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	Seven	(21) Number of children of this mother now living, including present birth	Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Massey M.D.

(24) State whether Physician or Midwife: M. D. — (25) Address of Physician or Midwife: Rock Hill 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 4/6/1916 (28) J. R. Miller
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.

McCaw, of Columbia.