

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Bennettsville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
49867

Registration District No. 3301 Registered No. 18
 (For use of Local Registrar)
 St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Paul Austin Herrington 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? no (7) DATE OF BIRTH July 27 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doc Herrington
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 72 (Years)
 (12) BIRTHPLACE Marlboro Co SC
 (13) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Anna Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 72 (Years)
 (18) BIRTHPLACE Marlboro Co SC
 (19) OCCUPATION Labourer
 (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 born at 1 P M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Hornett Williams

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

July 27 1916

(28)

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.

McDaw of Columbia.