

(1) PLACE OF BIRTH
 County of Lauderdale
 Township of Prichard
 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.)
 Registration District No. 4104 Registered No. 16
 (For use of Local Registrar)
 St.: Ward:
 2) Full Name of Child Samuel Amos { If child is not yet named, make supplemental report as directed

File No. For State Registrar Only
50575

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Female (7) DATE OF BIRTH Jan 6 6
 (Name of Month) (Day) (Year)
 FATHER:
 8) FULL NAME Julius Amos
 9) PRESENT POSTOFFICE OF FATHER Laudal S.C.
 10) COLOR OR RACE Blk 11) AGE AT LAST BIRTHDAY 27 (Years)
 12) BIRTHPLACE Sumter Co. S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2
 MOTHER:
 14) NAME BEFORE MARRIAGE Elizabeth Beckham
 15) PRESENT POSTOFFICE OF MOTHER Laudal S.C.
 16) COLOR OR RACE Blk 17) AGE AT LAST BIRTHDAY 24 (Years)
 18) BIRTHPLACE Sumter Co. S.C.
 19) OCCUPATION General house work
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) James L. Pearson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Laudal S.C.

Given name added from a supplemental report
11/11/1916 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
James L. Pearson
 (27) Filed Feb 11 1916 (28) James L. Pearson 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.

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