Form No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
52171

(1) PLACE OF BIRTH

County of Florence

Township of Jeffreys

or Inc. Town of ..... Registration District No. 2007 Registered No. 131 (For use of Local Reistrar)

or City of ..... (No. ....., ... 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 Amelia Windham .. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar, 12, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Henry Windham	(14) NAME BEFORE MARRIAGE Josina Ivory
(9) PRESENT POSTOFFICE OF FATHER Mars Bluff-S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mars Bluff-S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Mars Bluff-S.C.	(18) BIRTHPLACE Mars Bluff-S.C.
(13) OCCUPATION Farm Hand	(19) OCCUPATION Field Hand
(20) Number of children born to mother, including present birth { 3	(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena x Windham

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mars Bluff-S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Mrs. Jno. P. Gregg (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 21 1916. (28) Mrs. Jno. P. Gregg 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.

Deputy

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.
Caw, of Columbia