

Form No. 1

## (1) PLACE OF BIRTH

County of HorryTownship of Leemayor  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
(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

77528

Registration District No. 2502 Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child Sadie Bell

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin Twins 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 Sept 10 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mollie E Harden(9) PRESENT POSTOFFICE OF FATHER Fairtrade(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Horry Co(13) OCCUPATION working in factory(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER Kizzie E Leek(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mahinda M. Howell

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

midwife Vina St

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 Sept 16 1916 (28) J. R. Degee 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 insert the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.