

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of Fish Hawk

Inc. Town of

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

79586

Registration District No. 4203 Registered No. 41
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Russell Creston { 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? Yes (7) DATE OF BIRTH Sept. 22 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Creston(9) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE S.S.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Belle Jeter(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.S.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born, at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Jeter

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

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 Oct 6 1916 (28) P. H. Jeter 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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK ON FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In section 1.