

Form No. 1

(1) PLACE OF BIRTH

County of Beaufort  
Township of S. Helena  
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

84446

Registration District No. 604 Registered No. 167  
(For use of Local Registrar)

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 Lato Polite { 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 ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov. 8 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Don't know

(14) NAME BEFORE MARRIAGE Rosanna Polite

(9) PRESENT POSTOFFICE OF FATHER .....

(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.

(10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY (Years) .....

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 27

(12) BIRTHPLACE .....

(18) BIRTHPLACE S.C.

(13) OCCUPATION .....

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... }

(21) Number of children of this mother new living, including present birth { ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Suby J. Heyward  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Frogmore S.C.

Given name added from a supplemental report

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

(27) Filed 11/12/1916 (28) Geo. Hecker Local Registrar

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.

\*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.