

Form No. 1

(1) PLACE OF BIRTH

County of *Beaufort*

Township of *S. 1. Helena*

Inc. Town of

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)

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* 191*6*

(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 { *1*

(21) Number of children of this mother new 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 *alive*, at *4* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Libby G. 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 *11/12/16* (28) *Geo. H. Hatcher* 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.

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.