

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown
Township of #3CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

85672

Inc. Town of Georgetown or Prince Registration District No. 21-A Registered No. 105
City of Georgetown (For use of Local Registrar)
St.: Prince Ward:
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Sabara Rhine If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 3, 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Sabara Rhine
(9) PRESENT POSTOFFICE OF FATHER Georgetown
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY ? (Years)
(12) BIRTHPLACE Black River
(13) OCCUPATION Laborer
(14) NAME BEFORE MARRIAGE Calla Pyatt
(15) PRESENT POSTOFFICE OF MOTHER Georgetown
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY ? (Years)
(18) BIRTHPLACE Andrews S.C.
(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1
(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 alive (Born alive or stillborn) (Town A. M. or P. M.)
on the date above stated.(23) (Signature) Bess Levalle
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 7, 1916 (28) C. S. Wyle, Jr. 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
McCaw, of Columbia.