

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
In Town of

City of

(2) Full Name of Child.

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No. For State Registrar Only

79757

Registration District No. 4401

Registered No. 2-17

(For use of Local Registrar)

St. Ward

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 31, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Bury

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Porter

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

School

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rock Hill, S.C.

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

9/1/1916

(28)

J. W. Lane
Local Registrar

If 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.