

FORM NO. 1.

## (1) PLACE OF BIRTH

County of SaludaTownship of No. 1

or

Inc. Town of

or

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

66096

Registration District No. 39-B Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Charlie Quist

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 1

Is he named only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH June 15  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred Wise(9) PRESENT POSTOFFICE OF FATHER Leasville S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21  
(Years) 1916(12) BIRTHPLACE Saluda Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Charlie Ramier(15) PRESENT POSTOFFICE OF MOTHER Leasville S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Years) 1916(18) BIRTHPLACE Saluda Co(19) OCCUPATION house wife(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 alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Brooks

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

Midwife Saluda Co

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed June 1916 (28) Geo. P. E. Hargis 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.

MADE 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 5.

McCaw, of Columbia.