

Form No. 1.

(1) PLACE OF BIRTH

County of Union

Township of Union

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

66541

Registration District No. 4207 Registered No. 512

(For use of Local Registrar)

(2) Full Name of Child

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

BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 19, 1916
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Essie Kelly

(14) NAME BEFORE MARRIAGE Sallie Millwood

(9) PRESENT POSTOFFICE OF FATHER Union SC R#4

(15) PRESENT POSTOFFICE OF MOTHER Union SC R#4

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Union Co SC

(18) BIRTHPLACE Union Co SC

(13) OCCUPATION Farming

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Edd

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

Midwife Union SC

(Given name added from a supplemental report)

(26) Witness May Millwood

(Signature of witnesses necessary only when question 23 is signed by mark)

(27) Filed June 21, 1916 (28) L. G. Carratt

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 FILING. WRITE PLAINLY, WITH FADING 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.