

Form No. 1.

(1) PLACE OF BIRTH

County of Horry
Township of Bucksville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 90332 For State Registrar Only

Inc. Town of or Registration District No. 250A Registered No. 109
(For use of Local Registrar)

City of (No. 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 Alice Ann } 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1916
To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Ann

(9) PRESENT POSTOFFICE OF FATHER ^{deceased} Bucksville S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Bucksville S.C.

(13) OCCUPATION Corn Labor

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lawrence

(15) PRESENT POSTOFFICE OF MOTHER Bucksville S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE George town S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 Pm M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife Bucksville S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Ala. Charlton

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 Dec 28 1916 (28) S. J. Bourne
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.