

Form No. 1

(1) PLACE OF BIRTH

County of *Rich.*

Township of *One West*

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

50880

Registration District No. *106* Registered No. *12*

(For use of Local Registrar)

(2) Full Name of Child *Fred Robert*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>5-6</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Nov. 12, 1916</i>
FATHER.			MOTHER.	

(8) FULL NAME *Frederick Robert*

(14) NAME BEFORE MARRIAGE *Lela Dunlop*

(9) PRESENT POSTOFFICE OF FATHER *One West, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *One West, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *5-6* (Years)

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *42* (Years)

(12) BIRTHPLACE *Abb. Co.*

(18) BIRTHPLACE *Abb. Co.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Field Hand*

(20) Number of children born to mother, including present birth *12*

(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *B, alive* at *1 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Walter B. Baker*

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

Farmer One West - S.C.

Given name added from a supplemental report

(26) Witness *W. H. Staley*
(Signature of Witness necessary only when question 23 is signed by nurse)

(27) Filed *Nov. 16, 1916* (28) *J. C. Triple Jr.*
Local Registrar

*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.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.