

Form No. 1.

(1) PLACE OF BIRTH

County of Union  
Township of Pineknob  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; ..... Ward)  
(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  
**75044**

Registration District No 4208 Registered No. 62  
(For use of Local Registrar)

(2) Full Name of Child Lekeana Jester } If child is not yet named, make supplemental report as directed

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 8, 20, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mellie Hardy  
(9) PRESENT POSTOFFICE OF FATHER Opitue S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Union Co Union S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth Three

MOTHER.  
(14) NAME BEFORE MARRIAGE Lula Shell  
(15) PRESENT POSTOFFICE OF MOTHER Union P.F. D. #5  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)  
(18) BIRTHPLACE Union Co Union S.C.  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lula Shell (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union P.F. D. #5

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 Sept 6, 1916 (28) D. G. Gallman 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 BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. E.—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.