

Form No 1.

(1) PLACE OF BIRTH

County of YorkTownship of Bethel

or

Inc. Town of

or

City of

(No. Sl.: Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillian A. S. S.

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

to be answered only in event of twins or triplets

(5) Number in order of birth 12

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 1

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Smith A. S.

(9) PRESENT POSTOFFICE OF FATHER

Cloner # 3

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Janie Mathews

(15) PRESENT POSTOFFICE OF MOTHER

Cloner # 3

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

York Co S.C.

(19) OCCUPATION

Housewife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katy Reid

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeCloner S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 1 1916

(28)

N. A. Quinn

Local Registrar

WRITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

Law, of Columbia

*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.