

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

45904

Registration District No. 1407

Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Henry Jehuritte

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

(3) BOY OR GIRL?

R

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Hos Jehuritte

(9) PRESENT POSTOFFICE OF FATHER

Yucca Park St

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

66 (Years)

(12) BIRTHPLACE

Colleton Co

(13) OCCUPATION

Preacher

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Robertson

(15) PRESENT POSTOFFICE OF MOTHER

Dead

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

36 (Years)

(18) BIRTHPLACE

Colleton Co

(19) OCCUPATION

(20) 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 born at 3:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Honey Brown

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Yucca Park St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-15-1916

(28) 1916

(29) R. F. Huggins

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.

WHEN PLACED WITHIN THE SPACE PROVIDED FOR EACH CHILD, AND WHEN THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.
 M. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK for each child, and make the
 McCaw, of Columbia