FORM NO. 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3683

(1) PLACE OF BIRTH
County of Fairfield
Township of Nor
or
Inc. Town of ..... Registration District No. 1901 Registered No. 10 (For use of Local Reistrar)
or
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 Nettie Lee English { 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
Girl	—	2	Yes	Feb 15, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME William English	(14) NAME BEFORE MARRIAGE Hannah Youngs
(9) PRESENT POSTOFFICE OF FATHER Woodward	(15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)	(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Fairfield Co. S.C.	(18) BIRTHPLACE Fairfield Co. S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth { 2	(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 p M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Kizzie Washington Mark

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Woodward S.C.

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness William English Mark
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 25 Feb 1915 (28) W. A. Blaine 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. B.—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.