FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18385

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or
Inc. Town of Lone Star Registration District No. 803 Registered No. [illegible]
(For use of Local Reistrar)

or
City of ~~Lone Star~~ (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 Phillis Pack | 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 June 6, 1911 (Name of Month) (Day) (Year)
Girl		To be answered only in event of Twins or Triplets	Yes	

FATHER.	MOTHER.
(8) FULL NAME Vicke Pack	(14) NAME BEFORE MARRIAGE Hattie Hauck
(9) PRESENT POSTOFFICE OF FATHER Lone Star	(15) PRESENT POSTOFFICE OF MOTHER Lone Star
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Lone Star S.C.	(18) BIRTHPLACE Lone Star
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Midwife | (25) Address of Physician or Midwife Lone Star S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness [illegible]
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed [illegible] 191[illegible] (28) [illegible] 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