Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30020

County of Anderson

Township of Busby Creek

or
Inc. Town of ..... Registration District No. 302 Registered No. 91 (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 Lonie Freeman { 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 4	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept (Name of Month), 18 (Day), 1911 (Year)
	Do be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Irom Freeman	(14) NAME BEFORE MARRIAGE	Ella Hunt
(9) PRESENT POSTOFFICE OF FATHER	Piedmont	(15) PRESENT POSTOFFICE OF MOTHER	Piedmont
(10) COLOR OR RACE	Black (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE	Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE	Busby Creek S C	(18) BIRTHPLACE	Hendersonville N C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hannah Bar

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Midwife

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 18 1911 (28) H F Creek 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.
WHITE 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.