FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18380

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or

Inc. Town of Lone Star SC Registration District No. 103 Registered No. 70 (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 Pearl Randalph | 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 23, 1915 (Name of Month) (Day) (Year)
Girl	To be answered only in event of Twins or Triplets		Yes	

FATHER.		MOTHER.	
(8) FULL NAME	Charles Randalph	(14) NAME BEFORE MARRIAGE	Susan Lomus
(9) PRESENT POSTOFFICE OF FATHER	Fort Motte SC	(15) PRESENT POSTOFFICE OF MOTHER	Fort Motte SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	21	(17) AGE AT LAST BIRTHDAY (Years)	19
(12) BIRTHPLACE	Fort Motte SC	(18) BIRTHPLACE	Fort Motte SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	.....	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Pelza

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Fort Motte SC

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Mrs. D. Stoudemire (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1915 (28) C. D. Stoudemire 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