Form No. 1.

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of Honea Path Registration District No. 307 Registered No. 139
(For use of Local Registrar)

or

City of ..... (No. St.; Ward)
(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
54099

(2) Full Name of Child Ethel Richie — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin ~~or Triplet~~? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 26 1915
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME J. Richie	(14) NAME BEFORE MARRIAGE Bella Rogers
(9) PRESENT POSTOFFICE OF FATHER Honea Path	(15) PRESENT POSTOFFICE OF MOTHER Honea Path
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)	(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Albemarle Co	(18) BIRTHPLACE Albemarle Co
(13) OCCUPATION Farm Hand	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 8

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 4 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) G. R. Donald

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Honea Path

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 Oct 31 1915 (28) J. A. Williams
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, THIRD OFFSPRING, No. 2, etc., in question 5.

McCaw, of Columbia.