FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18386

(1) PLACE OF BIRTH

County of Lexington

Township of Pine Grove

or Inc. Town of Lone Star SC Registration District No. 806 Registered No. 63 (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.)

(2) Full Name of Child Amanda Starks ... 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		3	yes	Jun 14 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Isaac Starks	(14) NAME BEFORE MARRIAGE	Pallie Tomlinson
(9) PRESENT POSTOFFICE OF FATHER	Lone Star SC	(15) PRESENT POSTOFFICE OF MOTHER	Lone Star SC
(10) COLOR OR RACE	Negro	(16) COLOR OR RACE	Negro
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	31
(12) BIRTHPLACE	Lone Star SC	(18) BIRTHPLACE	Lone Star SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jimmy Pierce

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Lone Star SC

Given name added from a supplemental report

..... 191...

..... Registrar

(26) Witness Mrs J. D. Stoudemire (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jun 20 1915 (28) J. 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