

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No. — For State Registrar Only
63280CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

By

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 18th 1916

FATHER.

(8) FULL NAME

Sammie Mazick

(9) PRESENT POSTOFFICE OF FATHER

Ferguson S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Orvin

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Marguerite Howell

(15) PRESENT POSTOFFICE OF MOTHER

Ferguson

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

Orvin

(19) OCCUPATION

Laborer

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dinah Dingle

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Ferguson

Given name added from a supplemental report

(26) Witness

S. M. L. Cross

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 24th 1916

(28)

S. W. L. Cross

Local Registrar

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

*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.