

(1) PLACE OF BIRTH

County of Berkely
 Township of Columbia
 or
 Inc. Town of
 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
63280

Registration District No. 702 Registered No. 186
 (For use of Local Registrar)

(2) Full Name of Child Jammie Mazick { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? By (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 18th 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jammie 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 Midwife (25) Address of Physician or Midwife Ferguson

Given name added from a supplemental report
 _____, 191____
 _____, 191____
 _____ Registrar

(26) Witness S. M. L. Jones (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed June 24th 1916 (28) D. W. Loman 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.