

(1) PLACE OF BIRTH

County of Sturges

Township of .....

Inc. Town of .....

City of Sturges

(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

52130

Registration District No. R.D.-A Registered No. 68

(For use of Local Registrar)

St. 2 Ward(2) Full Name of Child. Carance Eastman Long If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>3 29 16</u> (Name of Month) (Day) (Year)
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(8) FULL NAME <u>Carance Eastman Long</u>	(14) NAME BEFORE MARRIAGE <u>Bessie K Long</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>For SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>For SC</u>
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(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
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(12) BIRTHPLACE <u>Sumter SC</u>	(18) BIRTHPLACE <u>SC</u>
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(13) OCCUPATION <u>Hortchman RR</u>	(19) OCCUPATION <u>Dom</u>
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 A M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sturges S.C.

Given name added from a supplemental report

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

(27) Filed 4/4 1916 (28) M.H. Sagers Deputy 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.

Form No. 10. 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.