

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>86236</b>
County of <i>Anderson</i>				
Township of <i>Watauga</i>				
or Inc. Town of		Registration District No. <i>2704</i>		
or City of		Registered No. <i>195</i>		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)		
		St.; ..... Ward)		
(2) Full Name of Child <i>Ida Perry</i>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Oct. 15 1916</i>
		(Name of Month) (Day) (Year)		
FATHER.		MOTHER.		
(8) FULL NAME <i>Robt Perry</i>		(14) NAME BEFORE MARRIAGE <i>Rosea Hall</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Lugoff, S.C.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Lugoff, S.C.</i>		
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>23</i>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>19</i>	
				(Years)
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>				
(22) I hereby certify that I attended the birth of this child, who was <i>female</i> , at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <i>Dr. J. E. ...</i>		(25) Address of Physician or Midwife <i>Lugoff, S.C.</i>		
(24) State whether Physician or Midwife <i>Midwife</i>				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)		
....., 191.....		(27) Filed <i>12/9/16</i> (28) <i>A. B. Thurman</i> Local Registrar.		
..... 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. If a child is reported as stillborn, no report is desired of stillbirths before the fifth month of pregnancy.