

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53944

Registration District No.

Registered No.

(For use of Local Registrar)

(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

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

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE BIRTH

Mar 5 1916

FATHER.

4) FULL NAME

5) PRESENT POSTOFFICE OF FATHER

6) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Leah Spence*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed Feb 16 1916

(28)

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.