

(1) PLACE OF BIRTH

County of RichlandTownship of Fairfield

Inc. Town of

City of

(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

91604

Registration District No. 3502 Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>June 27</u> (Name of Month) (Day) (Year)
---------------------------------	---	--	---	---

FATHER.

(8) FULL NAME Willie Postley(9) PRESENT POSTOFFICE OF FATHER Irmo(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Fairfield Co. S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Postley(15) PRESENT POSTOFFICE OF MOTHER Irmo(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Fairfield Co. S.C.(19) OCCUPATION farm hand & housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 5 P. (Hour) M. (M. or P. M.) on the date above stated.(23) (Signature) Isabella Richardson

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

midwife Irmo 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 Dec 27 1916 (28) J. B. Shree 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.

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.

McCurry, of Columbia.