

(1) PLACE OF BIRTH

County of Williams
 Township of Marion
 or
 Inc. Town of
 or
 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
49846

(2) Full Name of Child Christa Yaque

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2, 11</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Larrence Yaque</u>	(14) NAME BEFORE MARRIAGE <u>Lothe Rogne</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Enlow R.D. #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Enlow R.D. #2</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) OCCUPATION <u>Marion Co</u>	(18) BIRTHPLACE <u>Marion Co</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report

(26) Witness Dr. J. H. ...
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-17-1916 (28) C. G. ... Local Registrar

WHEN 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 OTHERS, No. 2, etc., in question 5.
 M. C. W. 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.