

(1) PLACE OF BIRTH - **CERTIFICATE OF BIRTH**

County of Darlington STATE OF SOUTH CAROLINA.
 Township of Palmetto Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
46010

or
 Inc. Town of Registration District No. 137 & Registered No.
 or
 City of (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 Mary Earles } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? no (7) DATE OF BIRTH Jan 10 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Edgar Mc Bride
 (9) PRESENT POSTOFFICE OF FATHER Darlington
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY - (Years)
 (12) BIRTHPLACE Monte - know
 (13) OCCUPATION " "
 (20) Number of children born to mother, including present birth {

MOTHER.
 (14) NAME BEFORE MARRIAGE Christy Thomas
 (15) PRESENT POSTOFFICE OF MOTHER Darlington
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Darlington Co
 (19) OCCUPATION Team hand
 (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 10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. L. ...
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife T. L. ... S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness E. A. Early
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 24 1916 (28) E. A. Early
 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. H. 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.