

PATENT PENDING. ALL RIGHTS RESERVED. FOR BARRING.
 N. H.—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.
 McCav. of Columbia.

(1) PLACE OF BIRTH
 County of Richland
 Township of Centr
 OR
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
70217

Registration District No. 3801 Registered No.
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Simon Outten { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>♂</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Jan 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Will Outten</u>	(14) NAME BEFORE MARRIAGE <u>Nelia Canty</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Denterville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Denterville S.C.</u>			
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Richland County</u>	(18) BIRTHPLACE <u>Richland County</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth { <u>12</u> }	(21) Number of children of this mother now living, including present birth { <u>12</u> }			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4.00 Oct. 2 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) M. J. Williams
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Midwife | Denterville S.C.

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness N. H. Dent (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 12 1916 (28) Simon Outten 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.