

MARGIN RESERVED FOR BINDING.

WRITE 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 OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Johnston  
OR  
Inc. Town of .....  
OR  
City of ..... (No. .... St.; ..... Ward)  
(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

75121

Registration District No. 4304 Registered No. 100  
(For use of Local Registrar)

(2) Full Name of Child Julia Belle Flowers } If child is not yet named, make supplemental report as directed

(3) <del>MALE</del> GIRL?	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Henry Flowers

(9) PRESENT POSTOFFICE OF FATHER Henning St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Williamsburg, Conn.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Bell

(15) PRESENT POSTOFFICE OF MOTHER Henning St.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Williamsburg, Conn.

(19) OCCUPATION Farm Hand

(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 born alive at 10 a. m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. M. M. M.

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness W. L. B. B. B.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 10, 1916 (28) L. L. Card  
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.