

(1) PLACE OF BIRTH

County of

Beaufort

Township of

*S. Helena*Inc. Town of
or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58801

Registration District No.

604

Registered No.

72

(For use of Local Registrar)

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

not named

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

*May 11**1916*

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Sam Truell

(9) PRESENT POSTOFFICE OF FATHER

Frogmore S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

45 about

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

8

MOTHER

(14) NAME BEFORE MARRIAGE

Annie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

40 about

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

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 *alive* at *12 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. H. H. H. H.

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Frogmore S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

W. D. Davis
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

5714 1916

(28)

Geo. H. H. H.
Local Registrar

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 6.

McCauley 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.