

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.

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

File No.—For State Registrar Only
 87671

(1) PLACE OF BIRTH
 County of Sumter
 Township of Stateburg
 or
 Inc. Town of

Registration District No. 4109 Registered No. 104
 (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 Herinda English (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</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? <u>Yes</u>
		(7) DATE OF BIRTH <u>Nov 7, 1906</u> <small>(Name of Month) (Day) (Year)</small>	

FATHER.		MOTHER.	
(8) FULL NAME <u>Boice English</u>	(14) NAME BEFORE MARRIAGE <u>Elizabeth Rix</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wagell, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wagell, S. C.</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Sumter Co</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Sumter Co.</u>		
	(19) OCCUPATION <u>Farm laborer</u>		
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Phyllis Durant
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Wagell, S. C.

Given name added from a supplemental report

(26) Witness (Miss) Marion Sanders
(Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed Nov 17, 1906 (28) Benj. Sanders
 Registrar 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.

MCCAN OF COLUMBIA, COLUMBIA, S. C.

F I L M