

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.

MICROFILMED BY COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Stateburg
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
87671

Registration District No. 4109 Registered No. 104
(For use of Local Registrar)

(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? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 7, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Boice English
(9) PRESENT POSTOFFICE OF FATHER Palmetto, S. C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Rix
(15) PRESENT POSTOFFICE OF MOTHER Palmetto, S. C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Farm laborer
(21) Number of children of this mother now living, including present birth 1

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 Palmetto, S. C.

Given name added from a supplemental report

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

(27) Filed Nov 17, 1906 (28) Benj. Sandus
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.