

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Lancaster STATE OF SOUTH CAROLINA.Township of Indian Land Bureau of Vital Statistics  
State Board of HealthInc. Town of ..... Registration District No. 2855 Registered No. 6  
(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 ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 4 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Ashley(9) PRESENT POSTOFFICE OF FATHER Osceola(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Lancaster Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Jilly Ashley(15) PRESENT POSTOFFICE OF MOTHER Osceola(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Lancaster Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Elyzja Ashley(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Osceola S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed ..... 191..... (28) J. V. Secret  
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.

WHEN PLACING WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 1. 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.