

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.

Cav. of Columbia.

## (1) PLACE OF BIRTH

County of *Williamburg*Township of *Mauzons...*

Inc. Town of .....

or

City of .....

(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

75138

Registration District No. *4306* Registered No. *67*

(For use of Local Registrar)

(2) Full Name of Child *Luther Bell Mims* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug 15, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Charles H. Mims*(9) PRESENT POSTOFFICE OF FATHER *Cadis SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (Years)(12) BIRTHPLACE *Clarendon Co S.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth { *9* }

## MOTHER.

(14) NAME BEFORE MARRIAGE *Sarah E Mims*(15) PRESENT POSTOFFICE OF MOTHER *Cadis SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *Clarendon Co S.C.*(19) OCCUPATION *House wife*(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 *2 o'clock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elvira Hilton*

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

*Midwife Kingstree SC B 2*

Given name added from a supplemental report

(26) Witness *C. H. Mims* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 23 1916* (28) *J. T. Garrison* 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.