

(1) PLACE OF BIRTH  
 County of Florence CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Florence State Board of Health  
 or  
 Inc. Town of ..... Registration District No. 2001 Registered No. 111  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
46202

(2) Full Name of Child Hattie Perkins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Chester Perkins

(14) NAME BEFORE MARRIAGE Blanch Ham

(9) PRESENT POSTOFFICE OF FATHER Florence

(15) PRESENT POSTOFFICE OF MOTHER Florence

(10) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY ..... (Years)

(16) COLOR OR RACE Colored (19) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Florence Co.

(18) BIRTHPLACE Florence Co.

(13) OCCUPATION Farming

(19) OCCUPATION House Keeping

20) Number of children born to mother, including present birth 1

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

(23) (Signature) A. D. Hines

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

Given name added from a supplemental report  
 ..... 191.....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
John H. Smith

(27) Filed Sept 16 1916 (28) John H. Smith  
 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.

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.  
 McCaw, of Columbia.