

FORM NO. 7. MARGIN RESERVED FOR BINDEN G. 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. M.Caw., of Columbia.

(1) PLACE OF BIRTH
 County of Saluda
 Township of # 2

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

File No.—For State Registrar Only
74631

or
 Inc. Town of Registration District No. 3.9.01 Registered No. 82
 or
 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 Cella Pauline Senter { 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 Aug, 28, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME E. H. Senter
 (9) PRESENT POSTOFFICE OF FATHER Appleton Park Pa
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Aiken Co. S.C.
 (13) OCCUPATION Blacksmith
 (20) Number of children born to mother, including present birth { 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Cella Herrick
 (15) PRESENT POSTOFFICE OF MOTHER Riden Spring S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Chapel Hill N.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) - hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) P. A. Penman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Riden Spring S.C.

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

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 9, 1916 (28) J. J. Branch 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.