Form No. 1. Wesley Church Lane at 3 mile, Race.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48419

(1) PLACE OF BIRTH

County of Charleston S.C. Registered No. 76
Township of St. Philips St. Michaels 909 (For use of Local Registrar)
or Registration District No.
Inc. Town of
or
City of Charleston S.C. (No. Wesley Lane St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child. none living

(3) SEX OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
G.			Yes	2-7-16

FATHER.

(8) FULL NAME George Mudy.
(9) PRESENT POSTOFFICE OF FATHER Myers S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Ravnel S.C.
(13) OCCUPATION Shoe Labor.
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Bradley.
(15) PRESENT POSTOFFICE OF MOTHER Myers S.C.
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Charleston S.C.
(19) OCCUPATION Housekeeping
(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 born alive (or stillborn) at 920 A. M. on the date above stated. (Hour) (Month) (Day) (Year)

(23) (Signature) Hannah Bdy. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Plantersville S.C.

Given name added from a supplemental report

(Registrar)

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 15 1916. (28) L. F. Myers Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is stillborn, every case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McCaw, of Columbia.

WRITTEN CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PLEASE TYPEWRITE IF POSSIBLE AND TRY NOT TO SMEAR OR BLOT.

M. D.—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.