

(1) PLACE OF BIRTH

County of SanfordTownship of 14Inc. Town of orCity of or

(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

48587

Registration District No. 1913 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child John Perry If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy(4) Twin or Triplet or(5) Number in order of birth 1

Take reported only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 16, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Perry(9) PRESENT POSTOFFICE OF FATHER Wilmington, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE Sanford Co.(13) OCCUPATION Sawyer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Clinton(15) PRESENT POSTOFFICE OF MOTHER Wilmington, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE Sanford Co.(19) OCCUPATION Washer woman(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Boy at Six 0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. W. W. W.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Wilmington, 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 Feb 28

191...

(28)

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.

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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.

McCa. McCaw, of Columbia