

## (1) PLACE OF BIRTH

County of BerkeleyTownship of EntawOR  
Inc. Town of .....OR  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mark Laval

File No.—For State Registrar Only

75890

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708 Registered No. 227

(For use of Local Registrar)

(No. .... St.; .... Ward)

{ If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL?</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5<sup>th</sup> 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Moses Laval

(9) PRESENT POSTOFFICE OF FATHER Cross S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Orvin Plantation

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Richardson

(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Sedgewood

(19) OCCUPATION Housewife

(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 alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. B. Richardson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross S.C.

Given name added from a supplemental report

(26) Witness E. M. Cross  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 11<sup>th</sup> 1916 (28) D. W. Cross 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.