

(1) PLACE OF BIRTH

County of FlorenceTownship of Jeffrey

or

Inc. Town of

or

City of

(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

46213

Registration District No. 2007 Registered No. 114

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jno. Thelma(9) PRESENT POSTOFFICE OF FATHER Mrs. Bluff P. L.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Florence Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annies Thomas(15) PRESENT POSTOFFICE OF MOTHER Mrs. Bluff P. L.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Florence Co.(19) OCCUPATION Field Hand(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Josephine Douglas

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

Midwife Mrs. Bluff P. L. R. 1.

Given name added from a supplemental report

(26) Witness Mrs. Jno. P. Gregg (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 18 1916 (28) Mrs. Jno. P. Gregg 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.

WHITE 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