

(1) PLACE OF BIRTH

County of *S. C. Beaufort*

Township of *M. G. North*

or  
Inc. Town of *Oceana*

or  
City of *Oceana*

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47819

Registration District No. *109* Registered No. *25*

(For use of Local Registrar)

(2) Full Name of Child *Howard Everett Bailey* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *no* (5) Number in order of birth *✓* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 29, 27* *1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME *J. Edwin Bailey*

(9) PRESENT POSTOFFICE OF FATHER *Oceana Tracks, S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *Jackson Co. Ga.*

(13) OCCUPATION *Electrician*

(20) Number of children born to mother, including present birth *4*

#### MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie M. Donald*

(15) PRESENT POSTOFFICE OF MOTHER *Oceana Tracks S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32* (Years)

(18) BIRTHPLACE *Candless Co S.C.*

(19) OCCUPATION *House wife*

(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 *7:30 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *F. J. Tate*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician | Oceana Tracks S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 27, 1916* (28) *F. J. Tate* 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT FOR RECORDS