

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.

Caw. of Columbia

(1) PLACE OF BIRTH

County of BambergTownship of Fish Pond

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

67145

Registration District No. 402Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Sarah Elizabeth Orr

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June, 16, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Matthew Orr</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Embree S.C.</u>
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(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)
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(12) BIRTHPLACE <u>Bamberg</u>

(13) OCCUPATION <u>Farming</u>

(20) Number of children born to mother, including present birth <u>5</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Sarah Singleton</u>

(15) PRESENT POSTOFFICE OF MOTHER <u>Embree S.C.</u>
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(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
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(18) BIRTHPLACE <u>S.C.</u>

(19) OCCUPATION <u>House wife</u>

(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 9 A.M.,
on the date above stated. 1 (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Becky Jenkins

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

midwifeGiven name added from a supplement-
tal report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 23, 1916 (28) J. M. Steedly
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.