

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of *Marlboro*  
Township of *Red Hill*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

73977

Registration District No. *3307* Registered No. *55*

(For use of Local Registrar)

(2) Full Name of Child *Ardena Pelisson* { If child is not yet named, make supplemental report as directed

|   |                      |                              |                                     |  |
|---|----------------------|------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <i>Girl</i>                      | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Aug. 3</i> 19 <i>16</i> |
| To be answered only in event of Twins or Triplets |                      |                              | (Name of Month) (Day) (Year)        |  |

FATHER

(8) FULL NAME *Scott Pelisson*

(9) PRESENT POSTOFFICE OF FATHER *Blackshear*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Laborer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Ella Henson*

(15) PRESENT POSTOFFICE OF MOTHER *Blackshear*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Laborer*

(21) Number of children of this mother now living, including present birth { *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *6:30 p.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. L. Thomas*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Blackshear*

Given name added from a supplemental report

, 191....

Registrar

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

(27) Filed *Aug 11* 191... (28) *R. L. Y. Gier* 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.