

FORM NO. 6. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Marlow*
Township of *Red Hill*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

73977

Inc. Town of or Registration District No. *3307* Registered No. *55*
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 3 1916*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Wint Pelisson*
(9) PRESENT POSTOFFICE OF FATHER *Blushair*
(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 *Blushair*
(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.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Thomas*

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

Given name added from a supplemental report

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

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mar) *R. L. Y. J. J. J.*

(27) Filed *Aug 11 1916* (28) *R. L. Y. J. J. J.* 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.