

## (1) PLACE OF BIRTH

County of WilliamsburgTownship of Turkey

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

54099

Registration District No. 311 Registered No. 23

(For use of Local Registrar)

## (2) Full Name of Child

Earl Perry

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Perry

(9) PRESENT POSTOFFICE OF FATHER

Henrietta S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Williamsburg

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Henrietta S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Williamsburg

(19) OCCUPATION

Housewife

(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 alive at 5:30 A. M., on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Earl Perry

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

Given name added from a supplemental report

(26) Witness

William Perry  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed April 1914(28) U. S. Snowden 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.