

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.

Craw of Col. Lohr

(1) PLACE OF BIRTH

County of Berkley
 Township of 2nd Johns
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48204

Registration District No. 703 Registered No. 15
 (For use of Local Registrar)

(3) birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Beatrice Luther

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? No (7) DATE OF BIRTH Feb. 10, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Otker
 (9) PRESENT POSTOFFICE OF FATHER Pinopolis S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Berkley Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gilly Luther
 (15) PRESENT POSTOFFICE OF MOTHER Pinopolis S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Berkley Co.
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born live at 10 am. on the date above stated.
 (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace E. Bryan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Pinopolis S.C.

Given name added from a supplemental report

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

(27) Filed Feb 21 1916. (28) Wm. Cain
 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.