

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA		72787	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.		Registered No.	
or				(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				{ 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	(6) Are Parents Married?	(7) DATE OF BIRTH	
Boy			Yes	June 27 1916	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE		
Willie's Eady			James Ellison		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
Porton SC			Porton SC		
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	(18) BIRTHPLACE
Negro	23 (Years)		Negro	22 (Years)	Cringsburg SC
(13) OCCUPATION			(19) OCCUPATION		
Farmer			House wife		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		
4			4		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was born at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) ...					
(24) State whether Physician or Midwife and address of Physician or Midwife					
Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed (1916) (28) 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.