

(1) PLACE OF BIRTH  
County of Edgefield  
Township of Eden  
or  
Inc. Town of .....

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

File No.—For State Registrar Only

85437

Registration District No. 1810 Registered No. 65  
(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 Mary Holman Courtney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? X (4) Twin or Triplet? - (5) Number in order of birth 2 (6) Are Parents Married? Y (7) DATE OF BIRTH Oct. 18, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME J. H. Courtney  
(9) PRESENT POSTOFFICE OF FATHER Linton S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Edgefield SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mama Brewette  
(15) PRESENT POSTOFFICE OF MOTHER Linton S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Darlington S C  
(19) OCCUPATION House wife  
(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 alive at 12:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) A. Marshall  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Linton S C

Given name added from a supplemental report

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

Registrar

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

(27) Filed 12/1/1916 (28) J. H. Mass 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.

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WHILE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. H.—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.  
C. McCaw, of Columbia.