

(1) PLACE OF BIRTH

County of

Edgfield

Township of

Edgfield

Inc. Town of

Edgfield

City of

Edgfield

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)

(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?

7

(4) Twin or Triplet?

—

(5) Number in order of birth

2

(6) Are Parents Married?

y

(7) DATE OF BIRTH

Oct. 18, 1916

(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

Edgfield SC

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mama Brumette

(15) PRESENT POSTOFFICE OF MOTHER

Linton S C

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Linton 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 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. Marshall

Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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RESERVED FOR FILING.

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.