

(1) PLACE OF BIRTH

County of Union
 Township of Monarch

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

66540

Inc. Town of Registration District No. 4207 Registered No. 57
 or
 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 Francis Elizabeth Deeth If child is not yet named, make supplemental report as directed

(1) BOY GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Mr. Marshall Deeth</u>			(14) NAME BEFORE MARRIAGE <u>Marion Turner</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union St.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Union St.</u>			(18) BIRTHPLACE <u>Union St.</u>	
(13) OCCUPATION <u>Meat Operatory</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) L. H. Northrup
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union St.

Given name added from a supplement-
 al report

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Registrar

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

(27) Filed June 18, 1916 (28) L. H. Northrup
 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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LOCAL REGISTRAR