

(1) PLACE OF BIRTH
County of Rich
Township of Deuter
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

91545

Registration District No. Registered No. 145
(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 Mark Louis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Louis

(9) PRESENT POSTOFFICE OF FATHER Deuter

(10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Rich

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Deuter Renew

(15) PRESENT POSTOFFICE OF MOTHER Deuter

(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Rich

(19) OCCUPATION Labourer

(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 alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mark Louis (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Deuter

Given name added from a supplemental report

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

(27) Filed Dec 22 1916 (28) Louis L. Carter 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.