

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75071

County of *20004 Beaufort*
Township of *20004*
or
Inc. Town of
or
City of

Registration District No. *4301* Registered No. *298*
(For use of Local Registrar)

(2) Full Name of Child... *Flora Lee DeLoach* ...

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *-* (5) Number in order of birth *-* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 10 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Illegitimate (Private Child)*
(9) PRESENT POSTOFFICE OF FATHER *Greenville, S.C.*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *30* (Years)
(12) BIRTHPLACE *20004 Beaufort P.C.*
(13) OCCUPATION *Home Laborer*
(20) Number of children born to mother, including present birth *Three*

(14) NAME BEFORE MARRIAGE *Private*
(15) PRESENT POSTOFFICE OF MOTHER *Greenville, P.C.*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *19* (Years)
(18) BIRTHPLACE *20004 Beaufort P.C.*
(19) OCCUPATION *Seaman*
(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *250* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *T. B. ...*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Greenville, P.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 *Aug 9 1916* (28) *E. S. Taylor* 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.

MARGIN RESERVED FOR BINDING. WRITE MAINLY, 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.