

(1) PLACE OF BIRTH

County of BerkeleyTownship of 1st Streetor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

58818

Registration District No. 700 Registered No. 11
(For use of Local Registrar)(2) Full Name of Child Lanone Winfield Misselle If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Mc. Misselle(9) PRESENT POSTOFFICE OF FATHER Ridgewell, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Berkeley Co., S.C.(13) OCCUPATION Harmonist(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Clark(15) PRESENT POSTOFFICE OF MOTHER Ridgewell, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Berkeley S.C.(19) OCCUPATION House work(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 born alive at S.A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Francis Smith(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ridgewell, S.C.

Given name added from a supplemental report

mas 23 1916Harry S. Sneyd Registrar

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

(27) Filed May 23 1916 (28) Harry S. Sneyd 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
*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.