

(1) PLACE OF BIRTH County of <u>Marlboro</u> Township of ..... or ..... Inc. Town of <u>Bennettville</u> or ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>73896</b>
(2) Full Name of Child <u>John David</u>		Registration District No. <u>33-A</u> Registered No. <u>68</u> (For use of Local Registrar)		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 20 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Arthur David</u>	(14) NAME BEFORE MARRIAGE <u>Mary Lawson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettville</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>7 3</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Marlboro Co S.C.</u>	(18) BIRTHPLACE <u>Bennettville</u>			
(13) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>10 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Millie Grace</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Bennettville</u>				
Given name added from a supplemental report ..... ..... 19 ..... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Aug 27 1916</u> (28) <u>W. W. Pate</u> 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.				