

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Cherokee</u> Township of or Inc. Town of <u>Gaffney</u> or City of (No. St.; Ward) (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 76163
(2) Full Name of Child <u>Clinton Alivored</u>		Registration District No. <u>182</u> Registered No. <u>138</u> (For use of Local Registrar)		If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 11, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Bess Wesson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney</u>		(14) NAME BEFORE MARRIAGE <u>Bess McBlurd</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28 years</u> (Years)	(12) BIRTHPLACE <u>Linton So.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23 years</u> (Years)
(13) OCCUPATION <u>Mill Work</u>	(20) Number of children born to mother, including present birth <u>2</u>	(18) BIRTHPLACE <u>Linton So.</u>	(19) OCCUPATION <u>House Keeper</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 <u>born alive</u> at <u>1 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Mollie Smith</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife				
Given name added from a supplemental report, 19 .. Registrar		(26) Witness <u>Rose Wesson</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>9/12/16</u> 19 .. (28) <u>M. S. Smith</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.				