

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 Cherokee
 Township of
 OR
 Inc. Town of Gaffney Registration District No. 102 Registered No. 138
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76163

(2) Full Name of Child Clinton Alivored (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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 11, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bloss Wesson
 (9) PRESENT POSTOFFICE OF FATHER Gaffney
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 years
 (12) BIRTHPLACE Linton So.
 (13) OCCUPATION Mill Work
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Vass McBlurd
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 years
 (18) BIRTHPLACE Linton So.
 (19) OCCUPATION House keeper
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mollie Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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(26) Witness Rose Wesson
 (Signature of Witness necessary only when question 20 is signed by mark)
 (27) Filed 9/12/16 (28) M. J. Smith 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.