

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Marlboro STATE OF SOUTH CAROLINA.
 Township of Beaufortville Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

73909

Inc. Town of Registration District No. 3301 Registered No. 143
 or (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John L. Peterkin { 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 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 5-6
 To be answered only in event of Twins or Triplets (Name of Month) (Day) 191- (Year)

FATHER.

(8) FULL NAME Don Peterkin

(9) PRESENT POSTOFFICE OF FATHER Brownsville SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Marlboro Co SC

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth { One

MOTHER.

(14) NAME BEFORE MARRIAGE Lavinia Bradford

(15) PRESENT POSTOFFICE OF MOTHER Beaufortville SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Marlboro Co SC

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 9 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Bennett Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Beaufortville SC

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 1916 (28) W. C. Pate
 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.

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.

McGraw, of Columbia.