

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. 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.
 City, of Columbia.

(1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,.....OR
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

49908

Registration District No. 1302...Registered No. 14.....

(For use of Local Registrar)

(2) Full Name of Child Nona Marie Pagan..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 12/1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walker Allen Pagan,

(9) PRESENT POSTOFFICE OF FATHER

Kelleek, S.C.

(10) COLOR OR RACE

White,

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming.

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Kattie Smith,

(15) PRESENT POSTOFFICE OF MOTHER

Kelleek, S.C.

(16) COLOR OR RACE

White,

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Wife.

(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 Alive... at 10.45 A.M.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. E. Mull.....H. A. Cheraw.....

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

Physician,

Cheraw, S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness Feb. 12/1916..... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 13 1916 (28) W. H. Priest 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.