

1. PLACE OF BIRTH

County of WangenburgTownship of Orange

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Mary Berry(3) BOY OR GIRL? Girl(4) Twin ~~Triplet~~(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 2 1916

Month (Day) (Year)

FATHER

(8) FULL NAME Mace Berry(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Hebecca Berry(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Iron(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at Orangeburg S.C. (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Knight(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given Name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 6 1916 (28) A. J. Turner 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.