

## (1) PLACE OF BIRTH

County of Oberlin Co.  
 Township of Cutawville  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

 File No.—For State Registrar Only  
**86919**

 Registration District No. 3.60.6 Registered No. 7.6  
 (For use of Local Registrar)

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

 (2) Full Name of Child Ed Middleton Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 20, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>Wane Middleton</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Cutawville</u>	
(10) COLOR OR RACE <u>Negro</u>	(12) BIRTHPLACE <u>Cutawville, S.C.</u>
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>3</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Celine Middleton</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Cutawville</u>	
(16) COLOR OR RACE <u>Negro</u>	(18) BIRTHPLACE <u>Oberlin Co. S.C.</u>
(19) OCCUPATION <u>Farmer at home</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) <u>Hellie Messersmith</u>	(25) Address of Physician or Midwife <u>Cutawville</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

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

 (27) Filed Nov 10, 1916 (28) B. F. Winter  
 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.