

(1) PLACE OF BIRTH

County of

Township of

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

76089

Registration District No. 901

Registered No.
(For use of Local Registrar)

(2) Full Name of Child. I. d. a. G. o. r. d. e. n. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
		31		Sept. 26 1916

FATHER.

(8) FULL NAME William G. o. r. d. e. n.

(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant S.C.

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

(12) BIRTHPLACE Charleston Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Dilligard

(15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant S.C.

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

(18) BIRTHPLACE Charleston Co. S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) X. Savina. X. Wright

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

Given name added from a supplemental report

1916

Registrar

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

(27) Filed 1916 (28) J. V. Freeman, Jr. 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 end 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. McCaw, of Columbia.