

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.

(1) PLACE OF BIRTH
 County of Hampton
 Township of Dorchester
 or
 Inc. Town of Early Branch Registration District No. 2400 Registered No. 47
 or
 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 Bessie Shaw If child is not yet named, make supplemental report as directed

File No. For State Registrar Only
77487

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15 16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bessie Shaw

(9) PRESENT POSTOFFICE OF FATHER Early Branch

(10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Jones

(15) PRESENT POSTOFFICE OF MOTHER Early Branch

(16) COLOR OR RACE Wyo (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Field Work

(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 Shaw at 10.9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glean Chestnut

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

Given name added from a supplemental report _____

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

(27) Filed Sept. 16 1916 (28) J.B. McFar 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.