

(1) PLACE OF BIRTH

County of LamptonTownship of Conqueor
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

65231

Registration District No. 3105 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child M. L. Mack

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ✓ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 28 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louie Maen(9) PRESENT POSTOFFICE OF FATHER W Brookland(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Windsor, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lucial Johnson(15) PRESENT POSTOFFICE OF MOTHER W Brookland(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Faring, S.C.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Martha Gamitt (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 2 1916 (28) J. C. Lybrand 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.

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