

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.
 S. Caw. of Columbia.

(1) PLACE OF BIRTH

County of BerkeleyTownship of 1st St. JohnsOR
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

63240

Registration District No. 702 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Not Named { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 17, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George Bell</u>	(14) NAME BEFORE MARRIAGE <u>Ange Scott</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Gardesville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gardesville S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(12) BIRTHPLACE <u>Berkeley S.C.</u>		(18) BIRTHPLACE <u>Berkeley S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 o'clock A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. H. Bagger(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gardesville S.C.

Given name added from a supplemental report

(26) Witness J. W. Bagger
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-18-1916 (28) J. B. Bagger 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.