CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
51726

(1) PLACE OF BIRTH

County of Marlboro

Township of Court House

or

Inc. Town of ..... Registration District No. 1203 Registered No. 36
(For use of Local Registrar)

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child .....

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Nov. 5 1916

FATHER.

(8) FULL NAME .....

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE .....

(11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE .....

(13) OCCUPATION .....

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

MOTHER.

(14) NAME BEFORE MARRIAGE .....

(15) PRESENT POSTOFFICE OF MOTHER .....

(16) COLOR OR RACE .....

(17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE .....

(19) OCCUPATION .....

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:10 a. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

(24) State whether Physician or Midwife .....

(25) Address of Physician or Midwife .....

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed Nov 9 1916 (28) J. E. Mullen
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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WARNING: Any person who willfully makes any false statement in this certificate shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not less than $100 nor more than $500, or by imprisonment not less than 30 days nor more than 1 year, or both, in the discretion of the court. (Section 1, No. 1, Title Offices, No. 2, etc., in question 5.

NOTICE: Physicians and midwives are required by law to report births at which they are in attendance within five days after the birth occurs. Failure to do so subjects them to a penalty of $5.00 for each child, and mark the space in question 5.

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child.

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McCW