

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.

Caw. of Columbia

(1) PLACE OF BIRTH

County of SumterTownship of Kingor
Inc. Town of

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

75082

Registration District No. 4302 Registered No. 68

(For use of Local Registrar)

(2) Full Name of Child Fannu Borchin { 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

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 1, 1916

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Fred. Borchin(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Sumter(13) OCCUPATION Gardner(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Henni Scott(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Sumter(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Washington(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

191

Registrar

(26) Witness Fred Borchin

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

(27) Filed Aug 10, 1916(28) B. B. Jackson 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.