

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 6.

(1) PLACE OF BIRTH
County of Kershaw
Township of Buffalo
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
86178

Registration District No. 2100 Registered No. 151
(For use of Local Registrar)

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 Mr. name { If child is not yet named, make supplemental report as directed.

(3) ~~BOY~~ GIRL? (4) Twin or Triplet? one (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 29, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Neil Kershaw McQuinn
(9) PRESENT POSTOFFICE OF FATHER Beaufort SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE Kershaw Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Amanda B. King
(15) PRESENT POSTOFFICE OF MOTHER Beaufort SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE Kershaw Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) E. J. Mussell M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Beaufort SC

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 9, 1916 (28) G. H. McQuinn 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.