

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

75166

Registration District No. 431

Registered No. 69

(For use of Local Registrar)

## (2) Full Name of Child

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

To be answered only in event of twins or triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 14, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Alex Rander

(9) PRESENT POSTOFFICE OF FATHER

Kingsboro 50

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Horry Co

(13) OCCUPATION

Farmer

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Rander

(15) PRESENT POSTOFFICE OF MOTHER

Kingsboro 50

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Wallausbury Co

(19) OCCUPATION

House wife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

Alex at 10 A.M.

(23) (Signature)

Mary Chandler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

Aug 24 1916

(28)

W. E. Smith

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.

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.

McCaw, of Columbia.