

(1) PLACE OF BIRTH

County of Marion S.C. **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Marion S.C. State Board of Health

File No. — For State Registrar Only
65299

Inc. Town of Marion S.C. Registration District No. 32-a Registered No. 49
 (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 Rebecca Sparrow-Jail If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twins (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH June 6, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sammie Sparrow

(9) PRESENT POSTOFFICE OF FATHER Marion S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Marion S.C.

(13) OCCUPATION Labor Work

(20) Number of children born to mother, including present birth 6 children

MOTHER.

(14) NAME BEFORE MARRIAGE Leurena Birch

(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Marion S.C.

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth 6 children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 o'clock A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) midwife Mary Daniels

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed June 15, 1916 (28) Arthur C. Gray
 Registrar 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
 WHITE FLAINLY, 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 2.