

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.

Cav. of Columbia.

(1) PLACE OF BIRTH
 County of Worcester
 Township of King
 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
75100

(2) Full Name of Child Lisdale { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 18, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME S. D. Lisdale
 (9) PRESENT POSTOFFICE OF FATHER Kingston
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
 (12) BIRTHPLACE Worcester
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Margaret McClary
 (15) PRESENT POSTOFFICE OF MOTHER Kingston
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE Worcester
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. C. L. L. L.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug. 21, 1916 (28) P. R. C. 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.