

**CERTIFICATE OF BIRTH**

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

File No. 75100 For State Registrar Only

(1) PLACE OF BIRTH  
County of Wadesboro  
Township of Kingston  
OR  
Inc. Town of .....  
OR  
City of .....

Registration District No. 4302 Registered No. 76  
(For use of Local Registrar)  
(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 Fisdale { 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. 18, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME S. D. Fisdale  
(9) PRESENT POSTOFFICE OF FATHER Kingston  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45  
(12) BIRTHPLACE Wadesboro  
(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 Wadesboro  
(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) Marcy M. Colclough  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
....., 191.....  
Registrar

Midwife Kingston  
(26) Witness S. D. Fisdale  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug. 21, 1916 (28) P. 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.

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.