

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.

City of Columbia.

(1) PLACE OF BIRTH

County of FlournoeTownship of Lake Cityor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Cleveland

File No.—For State Registrar Only

42794

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2073Registered No. 137

(For use of Local Registrar)

(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 Dec. 18, 1915 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Henry Cleveland(9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Lake City, S.C.(13) OCCUPATION Butcher(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE S. near Washington(15) PRESENT POSTOFFICE OF MOTHER Lake City, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Georgetown(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Missie Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Lake City, S.C.

Given name added from a supplemental report

(26) Witness Mary Roddy

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

(27) Filed Dec. 20, 1915 (28) C. D. Rollins 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.

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