

MARGIN RESERVED FOR BINDING.

WRITING 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.

(1) PLACE OF BIRTH

County of Union  
Township of Union

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**75059**

Inc. Town of ..... Registration District No. 4207 Registered No. 80  
(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 Unamed { 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 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug - 12 - 1916  
To be answered only in case of twins & triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mr Bay Black  
(9) PRESENT POSTOFFICE OF FATHER Union RFD # 3  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Bolesboro N.C.  
(13) OCCUPATION Milk operator  
(20) Number of children born to mother, including present birth { 8 .....

MOTHER.  
(14) NAME BEFORE MARRIAGE Adella Wade  
(15) PRESENT POSTOFFICE OF MOTHER Union RFD # 3  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)  
(18) BIRTHPLACE Chester Co S.C.  
(19) OCCUPATION Domestic  
(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 (Born alive or stillborn) on the date above stated. (Hour, A. M. or P. M.)  
(23) (Signature) .....  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 22 1916 (28) B. S. Carratt 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.