

(1) PLACE OF BIRTH

County of *Laurens*Township of *Dials*or
Inc. Town ofor
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

69181

Registration District No. *2901* Registered No. *71*

(For use of Local Registrar)

(2) Full Name of Child

{ If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? *Boy* (4) Twin or triplet? *one* (5) Number in order of birth *7* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 25* *1906*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Amos Christopher*(9) PRESENT POSTOFFICE OF FATHER *Fountain Inn S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *46* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer and Peddler*(14) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mollie Fowler*(15) PRESENT POSTOFFICE OF MOTHER *Fountain Inn S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *40* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *alive* at *10:45* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Thos. B. Duckett*

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

Physician *Fountain Inn S.C.*

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by married)

(26) Filed *July 12* 1906 (27) *H. L. Mahon* 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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the same as TWINS OR TRIPLETS in question 4. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia.