

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.

(1) PLACE OF BIRTH

County of Dorcy  
Township of Dog Bluff  
or  
Inc. Town of .....  
or  
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 Julius Hartney Statcher (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 26, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Hartney Statcher  
(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C. #1  
(10) COLOR OR RACE Croatan (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Dorcy Co. S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Ann Allen  
(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C. #1  
(16) COLOR OR RACE Croatan (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Dorcy Co., S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:10 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Dorcy, S.C.

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

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10/5 19 16 (28) Thomas Johnson 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.