

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

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

County of *McClellan*
 Township of *Clydeville*
 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.)

Registration District No. *3300* Registered No. *2*
 (For use of Local Registrar)

File No.—For State Registrar Only
46865

(2) Full Name of Child *Bethie Remmon* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 9 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Henry Remmon</i>	(14) NAME BEFORE MARRIAGE <i>Nancy K Bundy</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Permittsville S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Permittsville S.C.</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>25</i>	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>24</i>	
(12) BIRTHPLACE <i>McClellan Co - S.C.</i>	(18) BIRTHPLACE <i>McClellan Co - S.C.</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House wife</i>			
20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>3</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *6:30 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. F. Ramsey*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Permittsville 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) *M. D.*
 (27) Filed *Jan 25 1916* (28) *Henry Stanton* 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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