

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.
 S.C. DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Marlboro,
 Township of Smithville,
 or
 Inc. Town of Registration District No. 5306, Registered No. 8
 or
 City of (No. St.; Ward)
 (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
46895

(2) Full Name of Child Mary Meland, { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan. 22/1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hennie Meland</u>			(14) NAME BEFORE MARRIAGE <u>Glennie Servinor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sherrav, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sherrav, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY <u>47</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3.30 P.M. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John E. Garden
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sherrav, S.C.

Given name added from a supplemental report 181
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 25/1916 W. H. Priest
 Registrar 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.