

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.
 McCraw, of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of North
 or
 Inc. Town of Registration District No. 1206 Registered No. 23
 (For use of Local Registrar)
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
45843

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

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

(3) ~~NOT OR~~ GIRL? (4) Twin No or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ollie Blakely
 (9) PRESENT POSTOFFICE OF FATHER Pageland S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Paoli, Iowa
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sue Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Pageland S.C.
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Paoli, Iowa
 (19) OCCUPATION Housekeeping
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pageland S.C.

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

 Registrar

(26) Witness [Signature]
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 4/4 1916 (28) [Signature] 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.