

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. McCaw of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Northampton* STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of *W. Line of Jones* State Board of Health  
or  
Inc. Town of ..... Registration District No. *4005*  
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  
*74785*

Registered No. *7677*  
(For use of Local Registrar)

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *-* (5) Number in order of birth *-* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 12, 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Harley Stokes*  
(9) PRESENT POSTOFFICE OF FATHER *Pawson I*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *19* (Years)  
(12) BIRTHPLACE *D.C.*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *1*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Jenny Jordan*  
(15) PRESENT POSTOFFICE OF MOTHER *Pawson I*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)  
(18) BIRTHPLACE *D.C.*  
(19) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *born* at *4 a.m.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *D. J. Daniel*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Phys - Glenn Springs*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Aug 25* 1916. (28) *J. C. White* 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.