

WHEN PLACED IN THE LEFT HAND OF THE REGISTER, THIS IS A PERMANENT RECORD.
 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 Georgetown
 Township of H. S.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

92535

Registration District No. 2103Registered No. 10
 (For use of Local Registrar)

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 Ealy Lator

If child is not yet named; make
 supplemental report as directed

(3) ~~NOT~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth: To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 25 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Timothy Lator(9) PRESENT POSTOFFICE OF FATHER Rhens S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Year)(12) BIRTHPLACE Portport SC(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth:

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa White(15) PRESENT POSTOFFICE OF MOTHER Rhens S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Year)(18) BIRTHPLACE Portport SC(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Jiles

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Rhens S.C.

Given name added from a supplemental report:

(26) Witness: L. W. Williams

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

(27) Filed Jan 17 1917(28) G. L. Ellis

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.