

(1) PLACE OF BIRTH County of <u>Williamsburg</u> Township of <u>Ridge</u> or Inc. Town of ..... or City of ..... (if birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>50728</b>	
		Registration District No. <u>4309</u>		Registered No. <u>8</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Alvinia Narts</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 17</u> <small>(Name of Month) (Day) (Year)</small>	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>William Narts</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Graham</u>		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City</u>		
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Williamsburg</u>			(18) BIRTHPLACE <u>Williamsburg Co</u>		
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>farming</u>		
(20) Number of children born to mother, including present birth <u>four</u>			(21) Number of children of this mother now living, including present birth <u>two</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James L. Ashkins</u>			(25) Address of Physician or Midwife <u>Leo R. H.</u>		
(24) State whether Physician or Midwife <u>midwife</u>					
Given name added from a supplemental report			(26) Witness <u>M. H. Ashkins</u> (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <u>Feb 17 1916</u> (28) <u>P. F. Epps</u> Local Registrar		
..... 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.