

## (1) PLACE OF BIRTH

County of

Township of

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76099

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

## (2) Full Name of Child

Infant (not named)

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

(3) BOY OR GIRL?

B.

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Arthur Ladson

(9) PRESENT POSTOFFICE OF FATHER

P. 1 Charleston

(10) COLOR OR RACE

ed

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

James Isld

(13) OCCUPATION

Farm - hand

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

{ 5 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Victoria Simons

(15) PRESENT POSTOFFICE OF MOTHER

P. 1 Charleston

(16) COLOR OR RACE

ed

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

James Isld

(19) OCCUPATION

Field - hand

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

{ 0 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Daphne Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife P. 1 Charleston

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

Sept 4 1916

(28)

Geo R. Seabrook

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.

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.

McCaw, of Columbia.