

(1) PLACE OF BIRTH
 County of Florence
 Township of Florence
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
85601

Registration District No. 2005 Registered No. 188
 (For use of Local Registrar)

(2) Full Name of Child Rebecca Bones } 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 26 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Isaac Bones
 (9) PRESENT POSTOFFICE OF FATHER Florence
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE NC
 (13) OCCUPATION Section Landowner
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Bushick
 (15) PRESENT POSTOFFICE OF MOTHER Florence Rtd 2
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Security Hill SC
 (19) OCCUPATION farm land
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was col at 8 P (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Ellett
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Florence

Given name added from a supplemental report
 _____, 191____
 _____, 191____
 Registrar

(26) Witness H. W. [Signature]
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed WNT 191____ (28) H. W. [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 fourth month of pregnancy.

WHERE FATHERY, 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.