

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.

## (1) PLACE OF BIRTH

County of *Darlington*Township of *Society Hill*or  
Inc. Town of .....

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

72363

Registration District No. *1510* Registered No. *48*

(For use of Local Registrar)

(2) Full Name of Child *Alvin Bostick*

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

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>June 30, 1916</i> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <i>Bostick</i>	(9) PRESENT POSTOFFICE OF FATHER		(14) NAME BEFORE MARRIAGE <i>Alvin Bostick</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Society Hill, S.C.</i>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <i>32</i> (Years)	(12) BIRTHPLACE	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)
(13) OCCUPATION	(18) BIRTHPLACE <i>Darlington Co.</i>		(19) OCCUPATION <i>Housewife</i>	(20) Number of children of this mother now living, including present birth <i>1</i>
(20) Number of children born to mother, including present birth	(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 *Born alive*, at *6 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lusanna Keck*(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Midwife* | *Society Hill, S.C.*

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 19, 1916* (28) *Lusanna Keck* 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.