

(1) PLACE OF BIRTH

County of Union
 Township of High
 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

66516

Registration District No. 4202 Registered No. 23
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Perwick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME San Perwick
 (9) PRESENT POSTOFFICE OF FATHER Whitman S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE Whitman S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annetta Perwick
 (15) PRESENT POSTOFFICE OF MOTHER Whitman S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE Laurens Co., S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mary Jane Davis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman S.C.

Given name added from a supplemental report
Annetta G. Perwick
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 5, 1916 (28) J. C. Drobey 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 as desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR REMARKS. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH INFORMATION. THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the 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 8.