

(1) PLACE OF BIRTH
 County of Northampton
 Township of Kaethe

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
 64706

OR
 Inc. Town of Estill S.C. Registration District No. 2400 Registered No. 5
 OR
 City of Estill S.C. (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Florance Mikel } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE BIRTH <u>June 8</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Perce Mikel</u>	(14) NAME BEFORE MARRIAGE <u>don't know</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Estima Mikel Estill S.C.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lena S.C.</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Lena S.C.</u>	(13) OCCUPATION <u>Fanner</u>	(20) Number of children born to mother, including present birth <u>6</u>	(18) BIRTHPLACE <u>Lena S.C.</u>	(19) OCCUPATION <u>House Wife</u>
(21) Number of children of this mother now living, including present birth <u>4</u>	(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7 AM</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>		(23) (Signature) <u>Jamie McWilliams</u>	
(24) <u>Midwife</u>		(25) Address of Physician or Midwife <u>Lena S.C.</u>		
Given name added from a supplemental report		(26) Witness <u>.....</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
191..... Registrar		(27) Filed <u>June 14</u> 191 <u>6</u> (28) <u>H. E. Dickinson</u> 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 BIRTHS OF TWINS OR TRIPLETS. 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.