

(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

67759

Registration District No. 1203 Registered No. 121

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

None

(4) Twin or Triplet?

Is he named only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Ratliffe

(9) PRESENT POSTOFFICE OF FATHER

Charleston SC #3

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

North Carolina

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Huntley

(15) PRESENT POSTOFFICE OF MOTHER

Charleston SC #3

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Help on Farmer

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Child at 2:30 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Mary M. Huntley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Charleston SC #3

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

on July 13, 1916 J. E. Muelloy

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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 RESERVATION FOR INDEXING.
 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 2.
 McCaw, of Columbia.