

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91671

County of Columbia
Township of Huettis
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.)

Registration District No. 3.907 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child not named { 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 _____
To be answered only in event of twins or triplets (6) Are Parents Married? _____ (7) DATE OF BIRTH Feb. 29 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME R. Lee Rankin
(9) PRESENT POSTOFFICE OF FATHER Silver Street S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Newberry Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER
(14) NAME BEFORE MARRIAGE Ann Crook
(15) PRESENT POSTOFFICE OF MOTHER Silver Street S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Newberry County S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Adrian

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Jan 18 1917 (28) Wm. Duff
Registrar 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.

before the fifth month of pregnancy.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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.

McGraw, of Columbia.