

(1) PLACE OF BIRTH

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

County of *W. York*
 Township of *Phoe nit*
 or
 Inc. Town of Registration District No. *21311* Registered No. *119*
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
90229

(2) Full Name of Child *Lillie May Ross* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *no* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Dec. 27 1916*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *James Ross*
 (9) PRESENT POSTOFFICE OF FATHER *Phoe nit S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *21* (Years)
 (12) BIRTHPLACE *Phoe nit S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *One (1)*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie Belle Collins*
 (15) PRESENT POSTOFFICE OF MOTHER *Phoe nit S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *18* (Years)
 (18) BIRTHPLACE *Phoe nit S.C.*
 (19) OCCUPATION *House wife*
 (21) Number of children of this mother now living, including present birth *One (1)*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* *9 A.* M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary J. Ross, Midwife*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness *Lillie Lake*
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec 29 1916* (28) *Joseph Lake*
 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 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.