

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.

(1) PLACE OF BIRTH
County of Clarendon
Township of Harmony
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

Registration District No. 1306 Registered No. 4
(For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only
76439

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 9, 1916</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Willie Carolina

(9) PRESENT POSTOFFICE OF FATHER Manning R. 2. S.C.

(10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Sumter Co., S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 11 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lula M. Ray

(15) PRESENT POSTOFFICE OF MOTHER Manning R. 2. S.C.

(16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Far Clarendon Co., S.C.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth { 9 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____

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

(27) Filed Oct. 7, 1916 (28) R. E. Thompson
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.