

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.

McClaw, of Columbia.

(1) PLACE OF BIRTH

County of HamptonTownship of Gwelthe

Inc. Town of

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

49431

Registration District No. 24.00 Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Mary Ellen Ruth { 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 Feb 16 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Ruth(9) PRESENT POSTOFFICE OF FATHER Scotia(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Ruth(15) PRESENT POSTOFFICE OF MOTHER Scotia(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Farmer Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mid-wife Lena, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 23 1916 (28) Mrs. H. D. Dineen 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.

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