

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.

State of Columbia

(1) PLACE OF BIRTH

County of Union

Township of Boguesville

or
The Town of Buffalo

or
City of Buffalo

(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

74987

Registration District No. 42B Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Elsie May Carris { 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 38 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug. 9 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Thos. Dixon Carris (14) NAME BEFORE MARRIAGE Bessie Fisher

(9) PRESENT POSTOFFICE OF FATHER Buffalo, SC (15) PRESENT POSTOFFICE OF MOTHER Buffalo, SC

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 34
(Years) (Years)

(12) BIRTHPLACE Union Co., SC (18) BIRTHPLACE Madison Co., NC

(13) OCCUPATION Col. mill operator (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 6 (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 born alive at 5-26 a on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Rolla K. Perry, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Union Co.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 13 1916 (28) J. H. Woodward 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.