

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
64393County of *Georgetown*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

OR

Inc. Town of

Registration District No. *21-a*Registered No. *50*

(For use of Local Registrar)

City of *Georgetown*(No. *Prince* St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Hattie Mary With*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>1st</i> <small>to be answered only in case of twins or triplets</small>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 10 1916</i> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	---	-------------------------------------	--

FATHER.

(8) FULL NAME *Armin Franz With*(9) PRESENT POSTOFFICE OF FATHER *Georgetown*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34*
(Years)(12) BIRTHPLACE *Charleston S.C.*(13) OCCUPATION *Manager Hardware Store*(20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Hattie Sparran*(15) PRESENT POSTOFFICE OF MOTHER *Georgetown*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26*
(Years)(18) BIRTHPLACE *Georgetown S.C.*(19) OCCUPATION *Housewife*(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 *born alive* at *5* *A.M.*
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *H. C. Sparran M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Georgetown*Given name added from a supplemental report *2-25-16*(26) Witness *W. B. ...*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 10 1916* (28) *W. B. ...*
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.

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