

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child

Not named

File No.—For State Registrar Only

45856

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

8/07

Registered No.

10

(For use of Local Registrar)

St.; (Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 20, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Risinger

(9) PRESENT POSTOFFICE OF FATHER

Leesville, S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Leesville S.C.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Deane

(15) PRESENT POSTOFFICE OF MOTHER

Leesville, S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Gilbert S.C.

(19) OCCUPATION

House Keeping

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

J. M. R. R. R.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Leesville, S. C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 191

(28)

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.

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.

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