

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 REGISTRY OF BIRTHS AND DEATHS FOR EACH CHILD, and mark the  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Lee  
 Township of St. Charles  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3407

File No.—For State Registrar Only  
**90740**

Registered No. 172  
 (For use of Local Registrar)

(No. .... 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

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>DEC. 15</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Bracy  
 (9) PRESENT POSTOFFICE OF FATHER St Charles S.C. R#1  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE Sumter Co. S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Wilson  
 (15) PRESENT POSTOFFICE OF MOTHER St Charles S.C. R#1  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Sumter Co. S.C.  
 (19) OCCUPATION House & field work  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 1 P.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Carter  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St Charles S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 19 1916 (28) H. M. L. D. 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.