

(1) PLACE OF BIRTH

County of H. Perry
 Township of Simpson Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

68983

Registration District No 25094 Registered No. 43
 (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 Mary Estell Frink If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 4 (5) Are Parents Married? yes (7) DATE OF BIRTH June 20 1916
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

(6) FULL NAME Luther Frink
 (8) PRESENT POSTOFFICE OF FATHER Longs S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Harry County, S.C.
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Rasey Chaney
 (16) PRESENT POSTOFFICE OF MOTHER Longs S.C.
 (18) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Harry County, S.C.
 (19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 4

(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 a live at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Bellamy(24) State whether Physician or Midwife (25) Address of Physician or Midwife mid wife Longs S.C.

Given name added from a supplemental report

(26) Witnesses W. L. Long (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed July 15 1916 (28) J. A. Bryant Legal 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.

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 2.