

(1) PLACE OF BIRTH

County of Kershaw
 Township of Dr. Hall
 OF
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (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
 90464

Registration District No. 2701 Registered No. 216
 (For use of Local Registrar)

(2) Full Name of Child Elizabeth Mapper } 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 12 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. A. Mapper
 (9) PRESENT POSTOFFICE OF FATHER Westville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Lancaster Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Third

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Bailey
 (15) PRESENT POSTOFFICE OF MOTHER Westville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION Farmer
 (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 Alive at 10 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Truesdale
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kalb S.C.

Given name added from a supplemental report
, 191.....
 Registrar

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

(27) Filed Dec 18 1916 (28) J. H. Miller 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.
 McCaw of Columbia. THIS IS A PERMANENT RECORD.