

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.

(1) PLACE OF BIRTH

County of Horry  
 Township of Corry  
 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  
77537

Registration District No. 250 Registered No. 156  
 (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 Elizabeth Corner 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? ye (7) DATE OF BIRTH Sept 25 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Corner  
 (9) PRESENT POSTOFFICE OF FATHER Corry SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Horry Co  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Corry SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Horry Co  
 (19) OCCUPATION Housewife  
 (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 ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrieth Corner  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Corry

Given name added from a supplemental report

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

(27) Filed Oct 9 1916 (28) J. L. Quinn 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.