

Form No 1.

(1) PLACE OF BIRTH

County of GeorgetownTownship of H. 2

or

Inc. Town of

or

City of

(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

85681

Registration District No. 2101 Registered No. 87

(For use of Local Registrar)

(2) Full Name of Child Burch Albert Mercer

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Nov. 27, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Delapied Mercer

(9) PRESENT POSTOFFICE OF FATHER

Sampit SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3 (Years)

(12) BIRTHPLACE

Georgetown County SC

(13) OCCUPATION

Carpenter

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillian Gertrude Rogers

(15) PRESENT POSTOFFICE OF MOTHER

Sampit SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

Georgetown County SC

(19) OCCUPATION

Housekeeper

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

James W. Mum

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 12/4

1916

(28)

Ruth Bailey 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.

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.

McCaw, of Columbia.