

(1) PLACE OF BIRTH
 County of Georgetown
 Township of H. 2
 or
 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
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? BOY GIRL
 (4) Twin or Triplet?
 (5) Number in order of birth 1
 (6) Are Parents Married? yes
 (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 37 (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 Royce
 (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) R.W. 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 OTHERS, No. 2, etc., in question 5.
 McCav. of Columbia.