

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

80906

(1) PLACE OF BIRTH

County of Chesterfield

Township of Peeples

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1208 Registered No. 17
(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Bessie Freeman

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	------------------------------	--	---

FATHER.

MOTHER.

(8) FULL NAME Walter A Freeman

(14) NAME BEFORE MARRIAGE Emma Dixon

(9) PRESENT POSTOFFICE OF FATHER Society Hill

(15) PRESENT POSTOFFICE OF MOTHER Society Hill S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Chesterfield

(18) BIRTHPLACE Chesterfield C

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 1:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Patty Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife | Society Hill

Given name added from a supplemental report

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

(27) Filed Oct. 1916 (28) D. S. Malheur Local Registrar.
(By S. M.)

*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.