

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.

City of Columbia.

(1) PLACE OF BIRTH  
 County of Berkley  
 Township of 2<sup>nd</sup> St. Johns  
 or  
 Inc. Town of ..... Registration District No. 703 Registered No. 1  
 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  
**45446**

(2) Full Name of Child James P. Pilat Pyatt If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7 1916</u> (Name of Month) (Day) (Year)
FATHER. <u>Pyatt Mackey Pilat</u>		MOTHER. <u>Sarah Mitchell</u>		
(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER <u>Valley Dept St</u>	(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(12) BIRTHPLACE <u>Berkley Co</u>
(13) OCCUPATION <u>Farming</u>	(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER <u>Valley Dept St</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(18) BIRTHPLACE	(19) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	(22) BIRTHPLACE

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nelly F. Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife | Valley Dept St

Given name added from a supplemental report

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

Dec 17 1913  
Martin B Woodward  
 Registrar

(27) Filed Jan 7 1916 (28) J. C. Cain  
 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.