

Form No. 1.

(1) PLACE OF BIRTH  
County of Richland  
Township of Upper  
or  
Inc. Town of  
or  
City of Colleton  
(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  
**66093**

Registration District No. 3804 Registered No. 18  
(For use of Local Registrar)

(2) Full Name of Child Margelise Kiser If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(6) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(9) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Osborne Kiser</u>	(14) NAME BEFORE MARRIAGE <u>Edna Kiser</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Colleton</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Colleton</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE		(18) BIRTHPLACE <u>June 6, 1916</u>	(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

**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) Mary Johnson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
..... 1916  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed July 19, 1916 (28) L.M. Taylor 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.  
M. M.—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.