

No. 1

16 093590

## (1) PLACE OF BIRTH

County of *Fairfield*Township of *7*or  
Inc. Town of.....

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

85470-a

Registration District No..... Registered No. *69*

(For use of Local Registrar)

City of..... (No. .... St.; .... Ward)

(2) Full Name of Child *Laurie Houser* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov 10 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Ease Thomas*(9) PRESENT POSTOFFICE OF FATHER *Ridgeway, S. C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY..... (Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Netta Harrison*(15) PRESENT POSTOFFICE OF MOTHER *Ridgeway, S. C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY..... (Years)(18) BIRTHPLACE *S. C.*

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Martha James*(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Ridgeway, S. C.*

Given name added from a supplemental report

(26) Witness.....

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

(27) Filled *8/24 10* (28) *L. B. Hester* 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.