

No. 1

16 093590

(1) PLACE OF BIRTH  
County of Fairfield  
Township of 7  
or  
Inc. Town of.....  
or  
City of.....

**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)

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

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

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

**FATHER.**  
(8) FULL NAME Eace 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  
.....  
..... 19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filled 8/24 10 (28) L. S. 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.