

File No.—For State Registrar Only
51685

(1) PLACE OF BIRTH
Shertofield
 County of **Shertofield** STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of **Chesow**
 Inc. Town of **Chesow** Registration District No. **12 A**
 City of **Chesow** Registered No. **27**

(For use of Local Registrar)

(2) Full Name of Child **Ruth Norton** (No. _____ St. _____ Ward _____)
 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 **Chesow, 5 6**
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Richard Norton**
 (9) PRESENT POSTOFFICE OF FATHER **Chesow S.C.**
 (10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **45**
(Years)
 (12) BIRTHPLACE **Douglas Co., N.C.**
 (13) OCCUPATION **Proctor**
 (20) Number of children born to mother, including present birth **6**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Nettie Smith**
 (15) PRESENT POSTOFFICE OF MOTHER **Chesow S.C.**
 (16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **35**
(Years)
 (18) BIRTHPLACE **Douglas Co., N.C.**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth **6**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was **Alive** at **10. P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Magie Green**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Chesow S.C.**

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **March 22, 1916** (28) **E. E. Williams** 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.

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WHEN PLACED IN THESE SPACES IN THIS REPORT, THE REGISTRAR WILL BE ABLE TO LOCATE THE RECORDS OF THIS CHILD IN CASE OF A LATER SEARCH.
 IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR WILL BE ABLE TO LOCATE THE RECORDS OF EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUANTION B.
 MARY W. COLUMBIA
 REGISTRAR