

Form No. 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71073

(1) PLACE OF BIRTH

County of Aiken

Township of Campan

or
Inc. Town of
or

Registration District No. 202

Registered No. 18
(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. William Perry } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? _____ (4) Twin or Triplet? _____ (5) Number in order of birth 4 (6) Are Parents Married? _____ (7) DATE OF BIRTH Aug 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edwards Perry

(9) PRESENT POSTOFFICE OF FATHER Samarina Sc

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Aiken County

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Sandy

(15) PRESENT POSTOFFICE OF MOTHER Samarina Sc

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Aiken County Sc

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

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) Walter Davis

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Medicine Samarina Sc

Given name added from a supplemental report

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

(27) Filed Sept 10 1916. (28) H. L. Holstein 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. WITH UNLEADING INK—THIS IS A PERMANENT RECORD. 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.