

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Fairfield STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of 112 State Board of Health

File No.—For State Registrar Only
72641

or
 Inc. Town of Registration District No. 1911 Registered No. 46
 OF
 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 Maud Willing } If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 16</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Kate Willing

(9) PRESENT POSTOFFICE OF FATHER Wimshaw

(10) COLOR OR RACE Wass (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Young

(15) PRESENT POSTOFFICE OF MOTHER Wimshaw

(16) COLOR OR RACE Wass (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Laborer

(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 born, at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. Young
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

Informed by Kate Willing
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
 (27) Filed Aug 28 1916 (28) M. J. Young 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.
 N. B.—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.