

MARGIN RESERVE 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.

Care of Columbia.

(1) PLACE OF BIRTH

County of OrangeburgTownship of UnionInc. 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

50170

Registration District No. 3616 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Donald Barton Fogle Jr.

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 2nd(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 6, 1916

(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME Donald Barton Fogle(6) PRESENT POSTOFFICE OF FATHER R.F.D. Cape S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Orangeburg S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Williamena Brickley(15) PRESENT POSTOFFICE OF MOTHER R.F.D. Cape S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Farmer's wife(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 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. H. Walter M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 12, 1916(28) R. K. Heenerly

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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