

(1) PLACE OF BIRTH

County of BarnwellTownship of AlumadaInc. Town of AlumadaCity of Alumada

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

(2) Full Name of Child

(3) BOY OR GIRL? Girl(4) Twin or Triplet? Single(5) Number in order of birth 3rd(6) Are Parents Married? Yes(7) DATE OF BIRTH July 1st 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

Three (3)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

(3) Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. R. Brown, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Alumada, 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 July 2, 1916 (28) T. M. Boylston, M.D. 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.

Registrar

LOCAL REGISTRAR

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REMAIN UNREMOVED FOR RE-ENTRY
 WITH PLAINLY, WITH UNREMOVED FOR RE-ENTRY
 N. H.—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.
 M. B.—McCaw of Columbia.