

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.  
 MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

County of *Lee*  
 Township of *St. Charles*  
 or  
 Inc. Town of .....  
 or  
 City of .....

Registration District No. *3007* Registered No. *168*  
 (For use of Local Registrar)  
 (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**File No.—For State Registrar Only**  
**90736**

**(2) Full Name of Child** ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet?  (5) Number in order of birth  (6) Are Parents Married? *Yes* (7) DATE OF BIRTH. *Dec. 8<sup>th</sup>* 19*16*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Dixon Walker*  
 (9) PRESENT POSTOFFICE OF FATHER *Marysville S.C.*  
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *54*  
 (12) BIRTHPLACE *North Carolina*  
 (13) OCCUPATION *House & pl work*  
 (20) Number of children born to mother, including present birth *4*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Maggie Wilson*  
 (15) PRESENT POSTOFFICE OF MOTHER *Marysville S.C.*  
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *35*  
 (18) BIRTHPLACE *Sumter Co. S.C.*  
 (19) OCCUPATION *House & field work*  
 (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 *Alive* ..... at *11 A.M.*,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Isabella Carter*  
 (24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *St. Charles S.C.*  
*Midwife*

Given name added from a supplemental report .....  
 (26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Dec. 12, 1916* (28) *H. M. Lead*  
Registrar 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.