

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.

County of *Lee*
 City of *St. Charles*

(1) PLACE OF BIRTH

County of *Lee*Township of *St. Charles*

Inc. 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

49757

Registration District No. *3007* Registered No. *107*

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *one* (5) Number in order of birth
 To be answered only in event of Twins or Triplets (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 19th 1916*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Washington Abraham*(9) PRESENT POSTOFFICE OF FATHER *St. Charles, S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *47* (Years)(12) BIRTHPLACE *Sumter Co., S.C.*(13) OCCUPATION *Hammering*(14) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Charlotte Linton*(15) PRESENT POSTOFFICE OF MOTHER *St. Charles, S.C.*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *32* (Years)(18) BIRTHPLACE *Sumter Co., S.C.*(19) OCCUPATION *House & farm work*(20) 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 *8* P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Magill*

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

Midwife St. Charles, S.C.

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by *black*)(27) Filed *Feb 19th 1916* (28) *T. B. McLeod* 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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