

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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63244

County of *Berkeley Co. S.C.*
 Township of *St. James*
 or
 Inc. Town of
 or
 City of

Registration District No. *763* Registered No. *52*
 (For use of Local Registrar)

(1) PLACE OF BIRTH (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 *Colet Amylton* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>
(7) DATE OF BIRTH <i>June 1, 1916</i> (Name of Month) (Day) (Year)			

FATHER.		MOTHER.	
(8) FULL NAME <i>Lewis J. Sigleton</i>	(14) NAME BEFORE MARRIAGE <i>Ira Murray</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Cross St</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Cross St</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>50</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>46</i> (Years)
(12) BIRTHPLACE <i>Charleston, S.C.</i>		(18) BIRTHPLACE <i>Berkeley Co. S.C.</i>	
(13) OCCUPATION <i>Farming</i>		(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>12</i>		(21) Number of children of this mother now living, including present birth <i>9</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11:55* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. C. Bradwell*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Cross St*

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
..... 19	(27) Filed <i>June 10th 1916</i> (28) <i>J. C. Bradwell</i> Registrar Local Registrar.

When there was no attending physician or midwife, when 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.

RECEIVED AT COLUMBIA, SOUTH CAROLINA, S. C.