

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72685

(1) PLACE OF BIRTH

County of Thurston

Township of .....

or  
Inc. Town of .....

or  
City of Thurston

(If birth occurs in a hospital or

Registration District No. 20 A Registered No. 702

(For use of Local Registrar)

(No. MOR. E. S. Jones St.; W. S. Ward)

other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>
			(7) DATE OF BIRTH <u>Aug. 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>

**FATHER.**

(8) FULL NAME J. E. Bailey

(9) PRESENT POSTOFFICE OF FATHER Thurston SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Marbleton SC

(13) OCCUPATION Gas worker

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Effie M. Cox

(15) PRESENT POSTOFFICE OF MOTHER Thurston

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Marion S.C.

(19) OCCUPATION House Wife

(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 12 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Elderton

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

Physician

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Aug. 31, 1916 (28) M. P. M. Hays, 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.

FORM NO. 5 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. McCaw, of Columbia.