

FORM NO. 4 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 1.

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

File No.—For State Registrar Only
80177

(1) PLACE OF BIRTH
 County of Anderson
 Township of Parsons
 or
 Inc. Town of _____ Registration District No. 313 Registered No. 444
 or
 City of _____ (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 Not named } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 4, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Mack Nance</u>	(14) NAME BEFORE MARRIAGE <u>Maudie M. Adams</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson R.F.D. #7</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson R.F.D. #7</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Anderson Co.</u>	(18) BIRTHPLACE <u>Greenwood, S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>House work-Farming</u>
(20) Number of children born to mother, including present birth <u>III</u>	(21) Number of children of this mother now living, including present birth <u>II</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ on the date above stated. 8:00 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga D. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

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 Nov. 14, 1916 (28) E. A. Elrod
 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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