

(1) PLACE OF BIRTH  
 County of Orangeburg  
 Township of Limestone  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)  
 (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

47091

Registration District No. 36.11 Registered No. 3  
 (For use of Local Registrar)

2) Full Name of Child Larence Nell { 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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Marion Nell</u>			(14) NAME BEFORE MARRIAGE <u>Dinah Maech</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg Co</u>			(18) BIRTHPLACE <u>Orangeburg Co</u>	
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mae Maech

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeOrangeburg Co

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 Jan 11 1916

(28)

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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