

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.

(1) PLACE OF BIRTH

County of Lee
Township of St. Charles
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90735

Registration District No. 3007 Registered No. 167
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 4th 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomson Isaac
(9) PRESENT POSTOFFICE OF FATHER St. Charles S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43
(Years)
(12) BIRTHPLACE Sumter Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Anderson
(15) PRESENT POSTOFFICE OF MOTHER St. Charles S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40
(Years)
(18) BIRTHPLACE Sumter Co. S.C.
(19) OCCUPATION House & field work
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabella Carter
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Charles S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 10th 1916 (28) H. M. Lead 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.