

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.

(1) PLACE OF BIRTH

County of Williamsburg

Township of Lane

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.)

(2) Full Name of Child Marie Bimlow

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct. 6th 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Boston Bimlow

(9) PRESENT POSTOFFICE OF FATHER Lane, S. C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 29

(12) BIRTHPLACE Clarendon co. S. C.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Green

(15) PRESENT POSTOFFICE OF MOTHER Lane, S. C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 25

(18) BIRTHPLACE Williamsburg co. S. C.

(19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Belinda S. Brown

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Balters Depot, 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 Oct. 7th 1916 (28) Albert R. Mosley Local Registrar

*When there were no attendants present at the birth, 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.