

(1) PLACE OF BIRTH

County of Harvey
 Township of Little River
 OR
 Inc. Town of
 OR
 City of
 (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

64832

Registration District No. 2507 Registered No. 182
 (For use of Local Registrar)

(2) Full Name of Child Sarah Elouin Platt

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 12 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13, 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles H Platt
 (9) PRESENT POSTOFFICE OF FATHER Wampau S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE Cumberland Co Nc
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E Bellamy
 (15) PRESENT POSTOFFICE OF MOTHER Wampau S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)
 (18) BIRTHPLACE Harvey Co S C
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Sloan
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little River 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 June 14, 1914 (28) R. H. Sloan
 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.

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.