

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

59187

(1) PLACE OF BIRTH

County of *Charleston*Township of *Fairfieldville*

or

Inc. Town of

or

City of

Registration District No. *1104*Registered No. *20*

(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 *Willie Mae Mabray*

{ 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 *2*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *April 30*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Ernest Mabray*(9) PRESENT POSTOFFICE OF FATHER *Leeds S.C.*(10) COLOR OR RACE *Black*

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE *Fairfield Co*(13) OCCUPATION *Farming*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Hattie Wilks*(15) PRESENT POSTOFFICE OF MOTHER *Leeds S.C.*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *19*

(Years)

(18) BIRTHPLACE *Charleston, S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *10* *A.* M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *Rena Shenn*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Carlisle S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed *Mar 30, 1916*

(28)

N. T. McDaniel

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.

WRITE MAINLY 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 8.
Cav. of Columbia