

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Chillicotheor  
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

72525

Registration District No. 1803 Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 6, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Prince

(9) PRESENT POSTOFFICE OF FATHER

Madoc

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

43  
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Prescott

(15) PRESENT POSTOFFICE OF MOTHER

Madoc

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36  
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.  
(Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature)

M. G. V. Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Madoc 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

Aug 15, 1916

(28)

J. E. Miller

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 6.

McCaw, of Columbia.