

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 Chester
Township of Richburg
OR
Inc. Town of
OR
City of Richburg

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

File No.—For State Registrar Only
88995

Registration District No. 1106 Registered No. 164
(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 Rosa B. Boy &
(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
To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 27, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elf Boy &
(9) PRESENT POSTOFFICE OF FATHER Richburg S.C.
(10) COLOR OR RACE W/eg (11) AGE AT LAST BIRTHDAY 30
(Years) (12) BIRTHPLACE Chester Co.
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Walter
(15) PRESENT POSTOFFICE OF MOTHER Richburg S.C.
(16) COLOR OR RACE W/eg (17) AGE AT LAST BIRTHDAY 34
(Years) (18) BIRTHPLACE Chester Co.
(19) OCCUPATION Home wife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alvin J. Clark
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richburg S.C.

Given name added from a supplemental report

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

(27) Filed 1/3 1917 (28) S. Jordan
(Signature of 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.