

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.

Cav. of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Chester</i>		STATE OF SOUTH CAROLINA.		76285	
Township of <i>Dorsonville</i>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
or City of		Registration District No. <i>1107</i>		Registered No. <i>67</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <i>David before it was named</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>July 30, 1916</i>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <i>Richard Hill</i>			(14) NAME BEFORE MARRIAGE <i>Millie Watson</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Great Falls SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Great Falls SC</i>		
(10) COLOR OR RACE <i>Blue</i>	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <i>B</i>	(17) AGE AT LAST BIRTHDAY <i>38</i>		
(Years)		(Years)			
(12) BIRTHPLACE <i>Chester Co SC</i>			(18) BIRTHPLACE <i>Chester Co SC</i>		
(13) OCCUPATION <i>Farmer & merchant</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>five</i>			(21) Number of children of this mother now living, including present birth <i>five</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> , at <i>5:40 P.M.</i> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Julian Gamm</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Midwife Great Falls SC</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed <i>Oct 2, 1916</i> (28) <i>J. J. Varnadore</i>		
Registrar			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.