

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.

Chav. of Columbia.

(1) PLACE OF BIRTH  
 County of *Chester*  
 Township of *Dorsonville*  
 or  
 Inc. Town of ..... Registration District No. *1107* Registered No. *67*  
 or  
 City of ..... (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  *Died before it was named* 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 <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>July 30, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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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 <i>38</i> <small>(Years)</small>	(16) COLOR OR RACE <i>B</i>	(17) AGE AT LAST BIRTHDAY <i>38</i> <small>(Years)</small>
(12) BIRTHPLACE <i>Chester Co SC</i>	(18) BIRTHPLACE <i>Chester Co SC</i>	(13) OCCUPATION <i>Farmer &amp; 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 *born alive*, at *5:40 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julian Gamm*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Great Falls SC*

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 *Oct 2, 1916* (28) *J. J. Hamodre* 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.