

*negro*

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only

County of *Florence*

STATE OF SOUTH CAROLINA.

52137

Township of *Black Springs*

Bureau of Vital Statistics  
State Board of Health

Inc. Town of  
or

Registration District No. *2470*

Registered No.

(For use of Local Registrar)

City of

(No. ....)

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of ..... instead of street and number.)

(2) Full Name of Child *Joseph Mervatis*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *March* 19*16*  
To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Tomison Mervatis*

(14) NAME BEFORE MARRIAGE *Amanda Mervatis*

(9) PRESENT POSTOFFICE OF FATHER *Florence S R*

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) *June Charles Mervatis - Florence S.C.R.A.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Harwell Mervatis*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *4/16* 191*6* (28) 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 5.  
McChv. of Columbia.