

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Marlboro,.....Township of Smithville,.....OR  
Inc. Town of.....OR  
City of.....

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

(2) Full Name of Child Leroy Medonald,.....

File No.—For State Registrar Only

73961

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 330.. Registered No. 86.....  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 12/1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Larry Medonald,(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR Negro, (11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer,(20) Number of children born to mother, including present birth { 3 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Watson,(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR Negro, (17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work,(21) Number of children of this mother now living, including present birth { 3 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive.....at 3 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tyrie Ellison,

(24) State whether Physician or Midwife

Midwife,(25) Address of Physician or Midwife  
Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 22/1916 (28) W. A. Priest  
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.