

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 12

1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

W M Skelton

(9) PRESENT POSTOFFICE OF FATHER

Buffalo S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Cotton Mill

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Hermie Bishop

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Cotton Mill

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susie M. Malt

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Buffalo S.C.

Given name added from a supplemental report

1916

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date

Dec 30 1916

(28)

J. L. Woodward

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.