

WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
A. R.—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.

(1) PLACE OF BIRTH  
County of Edgefield  
Township of Edwards  
OF  
Inc. Town of  
OR  
City of (No. .... St.; .... Ward)  
(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

File No.—For State Registrar Only  
**46095**

Registration District No. 1511 Registered No. 3  
(For use of Local Registrar)

(2) Full Name of Child Booker Washington Corley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE Jan, 21, 1916  
BIRTH (Name of Month) (Day) (Year)  
*To be answered only in case of Twins or Triplets*

**FATHER.**

(8) FULL NAME Walter Corley  
(9) PRESENT POSTOFFICE OF FATHER Johnston D.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Edgefield Co. S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annie Stephens  
(15) PRESENT POSTOFFICE OF MOTHER Johnston D.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Edgefield Co. S.C.  
(19) OCCUPATION Farmer  
(21) Number of children of this mother now living, including present birth 8

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

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. A. Brown  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Spring S.C.

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 Jan 30 1916 (28) A. B. H. 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.

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