

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

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

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

(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? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE BIRTH Jan 21 1916  
Is to be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Booker 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 Farm hand  
 (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 Farm hand  
 (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) [Signature]  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ridge Spring St.

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) [Signature] 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.

WHITE PLAINS, WITH LEADING 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.  
 McGraw-Hill, of Columbia.