

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

64129

## (1) PLACE OF BIRTH

County of

*Dorchester*

Township of

*Civilian*

Inc. Town of

or

City of

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

Registration District No.

*17*

Registered No.

*16*

(For use of Local Registrar)

(2) Full Name of Child *Margaret Elizabeth*

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

(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *3* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 23* *1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Chas F Canaday*(9) PRESENT POSTOFFICE OF FATHER *Dorchester Se*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Colleton Co*(13) OCCUPATION *RR Brakeman*(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Perodavis*(15) PRESENT POSTOFFICE OF MOTHER *Dorchester Se*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *near Dorchester*(19) OCCUPATION *House wife*(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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W B Harley*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Dorchester*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 26* *1916* (28) *L H McKissick* 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.

WILL PLEASE, WITH UNPAIDING INK, FILL IN 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. THIS OTHER, No. 2, etc., in question 5.

McKay, of Columbia