

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46379

(1) PLACE OF BIRTH

County of *Yorkville*

Township of *Yorkville*

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. *277*

Registered No. *31*

(For use of Local Registrar)

S. R. Reserve Home St. Ward)

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

(2) Full Name of Child

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

(3) BOY OR GIRL? *M.*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *No*

(7) DATE OF BIRTH *Jan. 28 1916*

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE *Flora Wadkins*

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER *Yorkville S.C.*

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE *E. Chester N. Y.*

(13) OCCUPATION

(19) OCCUPATION *School Girl*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child *at* *Yorkville* *at* *1:25 P.* *M.*, on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *S. R. Reserve Home*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Yorkville*

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed *Jan 28 1916*

(28) *A. H. Mackey* 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.

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.

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.

McCaw, of Columbia