

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Sumner
 or
 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
47089

(2) Full Name of Child Rosa Barton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? No (7) DATE OF BIRTH Jan. 3, 1916
 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Box
 (7) PRESENT POSTOFFICE OF FATHER Sumner
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Barton
 (15) PRESENT POSTOFFICE OF MOTHER Raymond, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 25
 (18) BIRTHPLACE Orangeburg Co.
 (19) OCCUPATION Field Hand
 (21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) See Mark
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Raymond S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan. 11, 1916

(28) W. W. Wheeler 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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