

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING 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 6.

RECORD OF COLUMBIA, COLUMBIA, S. C.

<div> <div>(1) PLACE OF BIRTH</div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA</div> <div>Bureau of Vital Statistics</div> <div>Office Board of Health</div> </div>				<div> <div>File No.—For State Registrar Only</div> <div>2818</div> </div>	
<div> <div>County of <u>York</u></div> <div>Township of <u>Hammond</u></div> <div>or Inc. Town of <u>Hammond</u></div> <div>City of <u>Hammond</u></div> </div>		<div> <div>Registration District No. <u>104</u></div> <div>Registered No. <u>11</u></div> <div>(For use of Local Registrar)</div> </div>			
<div> <div>(2) Full Name of Child <u>Mary Ashley</u></div> <div>If child is not yet named, make supplemental report as directed</div> </div>					
<div> <div>(3) BOY OR GIRL? <u>Girl</u></div> <div>(4) Twin or Triplet? <u>no</u></div> <div>(5) Number in order of birth <u>6</u></div> <div>To be answered only in event of Twins or Triplets</div> </div>		<div> <div>(6) Are Parents Married? <u>yes</u></div> <div>(7) DATE OF BIRTH <u>7-6-15</u></div> <div>(Name of Month) (Day) (Year)</div> </div>			
<div>FATHER.</div> <div>(8) FULL NAME <u>Louis Simpson Ashley</u></div> <div>(9) PRESENT POSTOFFICE OF FATHER <u>Andrews S.C.</u></div> <div>(10) COLOR OR RACE <u>White</u></div> <div>(11) AGE AT LAST BIRTHDAY <u>35</u></div> <div>(12) BIRTHPLACE <u>S.C.</u></div> <div>(13) OCCUPATION <u>Farmer</u></div> <div>(20) Number of children born to mother, including present birth <u>6</u></div>			<div>MOTHER.</div> <div>(14) NAME BEFORE MARRIAGE <u>Daisy Moore</u></div> <div>(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews S.C.</u></div> <div>(16) COLOR OR RACE <u>White</u></div> <div>(17) AGE AT LAST BIRTHDAY <u>35</u></div> <div>(18) BIRTHPLACE <u>S.C.</u></div> <div>(19) OCCUPATION <u>Housewife</u></div> <div>(21) Number of children of this mother now living, including present birth <u>6</u></div>		
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</div>					
<div> <div>(22) I hereby certify that I attended the birth of this child, who was <u>at 1 P.M.</u> on the date above stated.</div> <div>(23) (Signature) <u>D.S. Turner</u></div> <div>(24) State whether Physician or Midwife <u>Physician</u></div> <div>(25) Address of Physician or Midwife <u>Andrews S.C.</u></div> </div>					
<div>Given name added from a supplemental report.</div>			<div> <div>(26) Witness</div> <div>(Signature of Witness necessary only when question 23 is signed by mark)</div> <div>(27) Filed <u>Jul 11-1915</u> (28) <u>Local Registrar</u></div> </div>		
<div>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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</div>					