

MARGIN RESERVED FOR BINDING.

WRITE MAINLY, 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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Shiloh*or
Inc. Town ofor
City of

(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

74935

Registration District No. *4-107* Registered No. *91*

(For use of Local Registrar)

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth To be answered only in case of Twins or Triplets	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Aug 25</i> 191 <i>6</i>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Marvin Nelson</i>	(14) NAME BEFORE MARRIAGE <i>Annie Dickey</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Charter, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Charter, S.C.</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)
(12) BIRTHPLACE <i>Sumter, Co</i>	(18) BIRTHPLACE <i>Sumter, Co</i>	(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House work</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11* A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Satorah Welch*(24) State whether Physician or Midwife *Mid wife* (25) Address of Physician or Midwife *Charter, S.C.*

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 *9-5-1916* (28) *S. B. McElveen* 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.