

MARGIN RESERVED FOR BINDING.
 WRITE 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 5.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63178

(1) PLACE OF BIRTH
 County of Beaufort
 Township of Williston
 or
 Inc. Town of
 or
 City of Williston S.C.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 573 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child No Name (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Dennis (14) NAME BEFORE MARRIAGE Eula Owens
 (9) PRESENT POSTOFFICE OF FATHER Williston S.C. (15) PRESENT POSTOFFICE OF MOTHER Williston S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (12) BIRTHPLACE Georgia (18) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Team Hand (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Smith M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Williston S.C.

Given name added from a supplemental report

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

..... 19 .. Registrar (27) Filed 19 .. (28) J. P. Smith 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.