

LAWNS-OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Albemarle  
Township of Pomona  
or  
Inc. Town of Castroville  
or  
City of Castroville (No. .... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**62779**

Registration District No. 104 Registered No. 26  
(For use of Local Registrar)

(2) Full Name of Child. \_\_\_\_\_ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 26, 1916</u> <small>Month (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Martin</u>			(14) NAME BEFORE MARRIAGE <u>John Mills</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Castroville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Castroville</u>	
(10) COLOR OR RACE <u>Red</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Red</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Alb. Co.</u>			(18) BIRTHPLACE <u>Alb. Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Anna Stark  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
Medwife Castroville

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness E. W. Katten  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) File 62779 1916 (28) E. W. Katten  
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.