

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>42207</b>	
County of <u>Edgefield</u> Township of ..... OR Inc. Town of <u>Bellevue</u> OR City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>1.803</u> Registered No. <u>3</u> ..... (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>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 11</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Mealing</u>			(14) NAME BEFORE MARRIAGE <u>Harris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bellevue S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bellevue S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Bellevue</u> at <u>5.30</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lena Coleman</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Bellevue S.C.</u>					
Given name added from a supplemental report ..... ..... 19..... Registrar			(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Nov. 20</u> 19 <u>22</u> (28) <u>J. E. Miller</u> 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.					

McRAW OF COLUMBIA, COLUMBIA, S. C.