

(1) PLACE OF BIRTH

County of Marlboro

Township of Bennettville

or
Inc. Town of
or

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

65416

Registration District No. 3301

Registered No. 117
(For use by Local Registrar)

(2) Full Name of Child George Hooley

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 21 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

George Hooley

(9) PRESENT POSTOFFICE OF FATHER

Bennettville

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Marlboro Co. S.C.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

One

MOTHER

(14) NAME BEFORE MARRIAGE

Cora Sutton

(15) PRESENT POSTOFFICE OF MOTHER

Bennettville S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Marlboro Co. S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Allice Townsend

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Bennettville

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

June 24 1916

(28)

20 20 Pate

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

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.

McCaw, of Columbia.