

(1) PLACE OF BIRTH

County of *Williamburg*
 Township of *Monrovia*

or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

54081

Registration District No. *4306* Registered No. *28*
 (For use of Local Registrar)
 City of St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Letther Haniford* 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 *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *march 20*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *David Haniford*

(9) PRESENT POSTOFFICE OF FATHER *Cades*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *38*
 (Years)

(12) BIRTHPLACE *Williamburg, Pa.*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Strickland*

(15) PRESENT POSTOFFICE OF MOTHER *Cades*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20*
 (Years)

(18) BIRTHPLACE *Lafayette Co.*

(19) OCCUPATION *House wife*

(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 *10 P.M.*
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Salie Woods*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife

Given name added from a supplemental report

(26) Witness *B. M. Smith*
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed *April 10, 1916* (28) *S. T. Harrison*
 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.