

(1) PLACE OF BIRTH

County of Calhoun
 Township of Pine Grove
 or
 Inc. Town of Lone Star
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75931

Registration District No. 803 Registered No. 86
 (For use of Local Registrar)
 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 Northland Wren } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>sep. 11, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Abraham Wren
 (9) PRESENT POSTOFFICE OF FATHER Fert mat SC
 (10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 30
(Years)
 (12) BIRTHPLACE Fert mat
 (13) OCCUPATION farm
 (20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE hattie Jackson
 (15) PRESENT POSTOFFICE OF MOTHER Fert mat
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 24
(Years)
 (18) BIRTHPLACE Fert mat
 (19) OCCUPATION farm
 (21) Number of children of this mother now living, including present birth } 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 12:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Miller
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Abraham Wren
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled Sept 18, 1914 (28) J. S. Soudennes
 Registrar 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.

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.