

(1) PLACE OF BIRTH

County of

Township of

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

59725

Registration District No.

Registered No.

(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?

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Dennis Becka

(9) PRESENT POSTOFFICE OF FATHER

Dillon S.C.

(10) COLOR OR RACE

col.

(11) AGE AT LAST BIRTHDAY

67 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Ann Brown

(15) PRESENT POSTOFFICE OF MOTHER

Dillon S.C.

(16) COLOR OR RACE

col.

(17) AGE AT LAST BIRTHDAY

40 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House &amp; farm work

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jane Miles

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Dillon S.C.

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

May 31, 1916

(28)

Dm. Miles

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.

WITH PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 M. 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