

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor  
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

58793

Registration District No. 0130 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Frederick Black { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? First(5) Number in order of birth 13

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 24 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Adam Black(9) PRESENT POSTOFFICE OF FATHER Yemassee SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Big Estate, Beaufort Co.(13) OCCUPATION Merchant & Farmer(20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Fields(15) PRESENT POSTOFFICE OF MOTHER Yemassee SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Big Estate, Beaufort Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

## 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) Marion Howard(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Yemassee SC

Given name added from a supplemental report

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Registrar

(26) Witness Ron B. Ottaway

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

(27) Filed May 23 1916(28) R. Ottaway

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.

MARGIN RESERVED FOR BINDING.

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

A. 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.