

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.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
COUNTY OF <u>Lee</u>			STATE OF SOUTH CAROLINA		90692	
TOWNSHIP OF <u>Bishopville</u>			Bureau of Vital Statistics			
INC. TOWN OF			State Board of Health			
CITY OF			Registration District No. <u>S. C. 1</u>		Registered No. <u>136</u>	
(No. St.; Ward)					(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)						
(2) Full Name of Child <u>Not Named</u>						
If child is not yet named, make supplemental report as directed						
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH		
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>Dec. 17, 1916</u> (Name of Month) (Day) (Year)		
FATHER:				MOTHER:		
(8) FULL NAME <u>Joe Moore</u>				(14) NAME BEFORE MARRIAGE <u>Lena Robinson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>		
(10) COLOR OR RACE <u>Col</u>		(11) AGE AT LAST BIRTHDAY <u>5-2</u> (Years)		(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>49</u> (Years)
(12) BIRTHPLACE <u>Lee Co</u>				(18) BIRTHPLACE <u>Lee Co</u>		
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Home Duties</u>		
(20) Number of children born to mother, including present birth <u>17</u>				(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was at <u>5 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>H. M. McChes</u>				(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife				<u>Bishopville S.C.</u>		
Given name added from a supplemental report				(26) Witness		
				(Signature of Witness necessary only when question 23 is signed by mark)		
19				(27) Filed <u>Dec. 19, 1916</u>		
Registrar				(28) <u>W. H. Loney</u> Sub-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.						

RECAP OF COLUMBIA, COLUMBIA, S. C.