

MARGIN RESERVED FOR FILING.  
WRITE PLAINLY. WITH ENCLAVING IN 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 6.  
MOBAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
Township of Barnwell  
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  
**88375**

Registration District No. 400 Registered No. 188  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
No. .... St. .... Ward .....

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 9, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Ben Roney</u>	(14) NAME BEFORE MARRIAGE <u>Ogreda Atterbury</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(16) COLOR OR RACE <u>Col</u>		
(12) BIRTHPLACE <u>SC</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)			
(13) OCCUPATION <u>Laborer</u>	(18) BIRTHPLACE <u>SC</u>			
(19) OCCUPATION <u>Laborer</u>			(20) BIRTHPLACE <u>SC</u>	
(23) Number of children born to mother, including present birth <u>1</u>			(24) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Handedy

(24) State whether Physician or Midwife  
midwife

(25) Address of Physician or Midwife  
Barnwell

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/16/16 19 16

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.