

MARGIN RESERVED FOR BINDING.

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.

City of Columbia

## (1) PLACE OF BIRTH

County of *Berkeley*Township of *2nd St. Johns*

Inc. Town of

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

63246

Registration District No. *703* Registered No. *54*

(For use of Local Registrar)

(2) Full Name of Child *Bessie Hadgar*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *June 2, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *William Hadgar*(9) PRESENT POSTOFFICE OF FATHER *Cathey Depot S6*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *Berkeley Co*(13) OCCUPATION *Laborer*(14) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Simons*(15) PRESENT POSTOFFICE OF MOTHER *Cathey Depot S6*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *Berkeley Co*(19) OCCUPATION *Laborer*(20) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1* P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Cotto. X. Layton*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Cathey Depot S6*(26) Witness *Laruna M. Mullins* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *June 6, 1916* (28) *H. L. Lakin* Local Registrar

Given name added from a supplemental report

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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.