

(1) PLACE OF BIRTH
 County of Yorkville
 Township of Fairview
 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
46344

Registration District No. 2206 Registered No. 4
 (For use of Local Registrar)
 (No. of birth occurs in a hospital or other institution give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child Frank Perry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>5</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Bee Terry</u>			(14) NAME BEFORE MARRIAGE <u>Name Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn S.C.#3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn S.C.#3</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>SC.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M., on the date above stated. (If stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte X Terry

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fountain Inn, S.C. #3

Given name added from a supplemental report

JAMES S 1916

Yorkville
Dixie Registrar

(26) Witness H.B. Stewart
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 10 1916 (28) J.H. DUNN 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.

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