

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only  
**63279**

(1) PLACE OF BIRTH  
County of Beskeley  
Township of Centaur  
or  
Inc. Town of ..... Registration District No. 708 Registered No. 185  
or  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Larnia Colonel { 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Willie Colonel  
(9) PRESENT POSTOFFICE OF FATHER Cross St  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Goshen  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth { ..... 4 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Caroline Marion  
(15) PRESENT POSTOFFICE OF MOTHER Cross St  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Smithfield  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { ..... 3 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
(22) I hereby certify that I attended the birth of this child, who was Alive at ..... M., (Born alive or stillborn) on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Rose Robinson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report ..... 191.....  
..... Registrar  
(24) Witness E. M. Cross (Signature of Witness necessary only when question 23 is signed in marks)  
(27) Filed June 19<sup>th</sup> 1916 (28) D. W. Cross Local Registrar.

MARGIN RESERVED FOR BINDING.  
WHITE 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.  
McCaw, of Columbia.

\*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.