

(1) PLACE OF BIRTH

County of WainwrightTownship of Goetheor
Inc. Town ofor
City of Estill S.C.

(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
64710Registration District No. 2400 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Michael Peoples

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE BIRTH June 21 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Michael Peoples(9) PRESENT POSTOFFICE OF FATHER Estill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Goethe Township(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Maxwell(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Goethe Township(19) OCCUPATION Home Wife(21) 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 at 8 A.M. on the date above stated. (Born not stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Estill S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Estill S.C.

Given name added from a supplemental report

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

(27) Filed June 23 1916 (28) H.E. Dickinson 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.

WRITING PLAINLY. WRITE 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 OTHERS, No. 2, etc., in question 5.
 McCaw of Columbia