

(1) PLACE OF BIRTH

County of Florence STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Florence State Board of Health

Inc. Town of Registration District No. 7015 Registered No. 109
 (For use of Local Registrar)
 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 J. neg. Pawley If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>1 14 1916</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>William Pawley</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Florence</u>				
(10) COLOR OR RACE <u>Colord.</u>	(11) AGE AT LAST BIRTHDAY (Years)			
(12) BIRTHPLACE <u>Darlington Co.</u>				
(13) OCCUPATION <u>Farming</u>				
(20) Number of children born to mother, including present birth <u>Three</u>				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Lelia Rodgers</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>				
(16) COLOR OR RACE <u>Colord.</u>	(17) AGE AT LAST BIRTHDAY (Years)			
(18) BIRTHPLACE <u>Darlington Co.</u>				
(19) OCCUPATION <u>Farming</u>				
(21) Number of children of this mother now living, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Abt. at 9 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. A. Hines (24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence

(26) Witness W. H. Knight (Signature of Witness necessary only when question 23 is signed by me)

(27) Filed 1/14 1916. (28) R. H. Knight 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.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.