

(1) PLACE OF BIRTH

County of Florence  
 Township of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46200

Inc. Town of ..... Registration District No. 705 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) <del>SEX</del> OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>1 14 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	------------------------------	--------------------------	---

FATHER.

(8) FULL NAME William Pawley

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE Colord. (11) AGE AT LAST BIRTHDAY ..... (Years)

(12) BIRTHPLACE Darlington Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Rodgers

(15) PRESENT POSTOFFICE OF MOTHER Florence

(16) COLOR OR RACE Colord. (17) AGE AT LAST BIRTHDAY ..... (Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION Farming

(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 born at 9 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ada Hines (23) Address of Physician or Midwife M. W. ...

(24) State whether Physician or Midwife Florence Florence Co.

Given name added from a supplemental report  
Jan 14 1916  
[Signature] Registrar

(26) Witness [Signature]  
(Signature of Witness necessary only when question 23 is signed by ...)

(27) Filed 1/14 1916 (28) [Signature] 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 No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia