

File No.—For State Registrar Only
75042

CERTIFICATE OF BIRTH

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

(1) PLACE OF BIRTH

County of Union
Township of Rocky
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4205: Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <input type="checkbox"/>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Aug 24</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ora Jennett Bailey</u>	(14) NAME BEFORE MARRIAGE <u>Alice Erwood</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Kelton</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kelton</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Sh.</u>	(18) BIRTHPLACE <u>Sh.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</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>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 11 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Murray M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lockhart Sh.

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 6 1916 (28) D. G. Bellman 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.