

FORM NO. 1
 MARRIAGE REGISTERED FOR RECORD
 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.

No. of Children of Columbia, S.C.

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

(1) PLACE OF BIRTH,
 County of Union
 Township of Union
 or
 Inc. Town of
 or
 City of Union (No.) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 42-A Registered No. 164

File No.—For State Registrar Only
83719

(2) Full Name of Child Isabelle Peterson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 30, 1916</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>See Gray Peterson</u>		(14) NAME BEFORE MARRIAGE <u>Abraham E. Morris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Sayre S.C.</u>		(18) BIRTHPLACE <u>Tobson N.C.</u>		
(13) OCCUPATION <u>clerk</u>		(19) OCCUPATION <u>domestic</u>		
(20) Number of children born to mother, including present birth <u>3</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 born alive (Born alive or stillborn) (Hour A. M. or P. M.) 6 A. M.
 on the date above stated.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union 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 Nov 4 1916 (28) A. S. Sarratt
 Local Registrar

*When there is 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 reports desired of stillbirths before the fifth month of pregnancy.

Registrar _____
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