

MAILED FOR RECORD  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

When there was no attending physician or midwife, then the father, household, 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.

(1) PLACE OF BIRTH  
 County of Union  
 Township of Union  
 or  
 Inc. Town of .....  
 or  
 City of Union  
 (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  
83719

Registration District No. 42-A Registered No. 164  
 (For use of Local Registrar)

(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>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 26, 1916</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>See Gray Peterson</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Abraham E. Morris</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(16) BIRTHPLACE <u>Lawrence S.C.</u>		(17) BIRTHPLACE <u>Tobacco N.C.</u>		
(18) OCCUPATION <u>Merchant</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 on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Morehouse

(24) State whether Physician or Midwife (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 14 1916 (28) A. S. Sarratt  
 Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

Registrar

When there was no attending physician or midwife, then the father, household, 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.