

## (1) PLACE OF BIRTH

County of Beaufort

Township of .....

Inc. Town of .....

City of .....

(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

63192

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

Darling Lillian

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 16, 1916

## FATHER.

(8) FULL NAME

Leavelle

(9) PRESENT POSTOFFICE OF FATHER

Seawater

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

11.8

(12) BIRTHPLACE

Beaufort

(13) OCCUPATION

Public

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Simmons

(15) PRESENT POSTOFFICE OF MOTHER

Gray Hall S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Beaufort

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at Beaufort, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. L. L.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gray Hall S.C.

Given name added from a supplemental report

....., 191.....

.....

.....

Registrar

(26) Witness

Beaufort S.C.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 16, 1916

(28)

W. M. Davis

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.