CERTIFICATE OF BIRTH

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

File No. 89120 — For State Registrar Only

(1) PLACE OF BIRTH

County of Chesterfield

Township of Old Town
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. 1206 Registered No. 121
(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?

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Nov 24 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ✓

(9) PRESENT POSTOFFICE OF FATHER ✓

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

(12) BIRTHPLACE ✓

(13) OCCUPATION ✓

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

MOTHER.

(14) NAME BEFORE MARRIAGE Nebo Legare

(15) PRESENT POSTOFFICE OF MOTHER Vageland SC

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Chesterfield

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Emma Jones

(24) State whether Physician or Midwife: Mid wife

(25) Address of Physician or Midwife: Vageland SC

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness T. E. Coates
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-1-17 (28) T. E. Coates 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

McCaw of Columbia, Columbia, S. C.