

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.

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or  
Inc. Town of .....or  
City of Florence (No. 801 Maxwell St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bela Harlow Vith { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Kets Hinderworth(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Darlington County.(13) OCCUPATION Shop Hand(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Washington(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Darlington County.(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at Five 30 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eugenie Wilkins

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

Midwife Florence

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 July 3 1916 (28) M. H. Yarrow Deputy 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.