

FORM NO. 6. MARGIN RESERVED FOR BINDING.

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.

McGraw-Hill, Columbia.

(1) PLACE OF BIRTH  
County of Marion  
Township of Luzitt  
or  
Inc. Town of  
or  
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  
**78150**

(2) Full Name of Child... Ma May Luzitt... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1st 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Fred Luzitt  
(9) PRESENT POSTOFFICE OF FATHER Centenary  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Marion S.C.  
(13) OCCUPATION Farm laborer  
(20) Number of children born to mother, including present birth { 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Annaphine Lee  
(15) PRESENT POSTOFFICE OF MOTHER Centenary  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Marion S.C.  
(19) OCCUPATION Farm laborer  
(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... 9... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam Mader

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

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 Oct 10 1916 (28) V. A. Wood 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.

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