

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of Benning
 or
 Inc. Town of Proctorville
 or
 City of St. (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 4405 Registered No. 91
 (For use of Local Registrar)

File No.—For State Registrar Only
75251

(2) Full Name of Child Elizabeth Catherine Souders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH. <u>Aug 30</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME	<u>John Souders</u>		(14) NAME BEFORE MARRIAGE	<u>Alice Seaby</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Rock Hill S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Rock Hill S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>30</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
<u>white</u>			<u>white</u>	<u>26</u> (Years)
(12) BIRTHPLACE	<u>South Carolina</u>		(18) BIRTHPLACE	<u>South Carolina</u>
(13) OCCUPATION	<u>Mill work</u>		(19) OCCUPATION	<u>Mill work</u>
(20) Number of children born to mother, including present birth	<u>1</u>		(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was May 3rd at 1.08 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ray J. Summerfield
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Rock Hill 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** 9/9/16 19 16 (28) J. M. M.
 Registrar 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.