

## (1) PLACE OF BIRTH

County of

Township of

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

64713

Registration District No.

Registered No.

(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 Boy	(4) Twin or Triplet? To be answered only in case of twins or triplets	(5) Number in order of birth 1	(6) Are Parents Married? yes	(7) DATE OF BIRTH 6-28-1916 (Name of Month) (Day) (Year)
------------------------	--	-----------------------------------	---------------------------------	--

(8) FULL NAME OF FATHER John Pristill		(14) NAME BEFORE MARRIAGE Carrie Hall	
(9) PRESENT POSTOFFICE OF FATHER Estill S.C.		(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.	
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Estill S.C.		(18) BIRTHPLACE Columbia S.C.	
(13) OCCUPATION Farming		(19) OCCUPATION House Wife	
(20) Number of children born to mother, including present birth 2		(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 born on the date above stated.

(23) (Signature)

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-29-1916

(28) H. E. Dickerson  
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.

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.  
McGraw, of Columbia.