

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Harry</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		90307	
Township of		Registration District No. <u>25A</u>		Registered No. <u>58</u>	
or Inc. Town of <u>Conway</u>				(For use of Local Registrar)	
or City of		(No. 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 <u>Fred Joe Long Jr.</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) ^{is} Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 9, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Fred Joe Long</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Bates</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Conway S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway S.C.</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Milwaukee Wis.</u>			(18) BIRTHPLACE <u>Pickens S.C.</u>		
(13) OCCUPATION <u>Picture business</u>			(19) OCCUPATION <u>at home</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 <u>born alive</u> at <u>8:30 AM.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>W. Stalvey</u>			(25) Address of Physician or Midwife <u>Physician Conway S.C.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
.....			<small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
..... 19			(27) Filed <u>Dec 19, 1916</u> (28) <u>W. H. ...</u> Local Registrar.		
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.