

(1) PLACE OF BIRTH

County of Barnwell
 or
 Township of St. James
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

84418

Registration District No. 578 Registered No. 8
 (For use of Local Registrar)

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

If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 10 19 16
 To be answered only in event of Twins or Triplets (Number of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Fairy Belle Jones

(15) PRESENT POSTOFFICE OF MOTHER Thomas S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Barnwell Co

(19) OCCUPATION Farm Labor

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rhodie & Co (24) State whether Physician or Midwife (25) Address of Physician or Midwife Thomas S.C.

Given name added from a supplemental report

(26) Witness J. A. Jenkins (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 11 19 16 (28) J. A. Jenkins 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.