

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

County of Barnwell
 Township of St. James
 or
 Inc. Town 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 BOY GIRL
 (4) Twin or Triplet? No Yes
 (5) Number in order of birth
 (6) Are Parents Married? Yes No
 (7) DATE OF BIRTH... Nov 10 19 16
(Month of Birth) (Day) (Year)

FATHER.
 (8) FULL NAME Illegitimate
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY (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 (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 Cave
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Thomas S.C.

Given name added from a supplemental report

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 Registrar

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