

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 "Cav. of Columba" FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of BerkleyTownship of 2nd St Johns

Inc. Town of

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

48159

Registration District No. 702 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Mabel Kate

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

(3) BOY OR GIRL? Girl

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 16 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Andrew M. Lake(9) PRESENT POSTOFFICE OF FATHER Cathey Depot S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Swanwich Ga(13) OCCUPATION Sailor(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Prige Gaillard(15) PRESENT POSTOFFICE OF MOTHER Cathey Depot S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Berkley Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. Mullins(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cathey Depot S.C.

Given name added from a supplemental report

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Registrar

(26) Witness L. M. Mullins

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

(27) Filed Feb 19 1916 (28) H. C. Cain 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.

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