

(1) PLACE OF BIRTH

County of PinckneyTownship of PinckneyInc. Town of PinckneyCity of Pinckney

(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

46177

Registration District No. 9 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child William Lee Tharin

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 8(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 9 1916

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Frank Mann Tharin(9) PRESENT POSTOFFICE OF FATHER Pinckney SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Charleston SC(13) OCCUPATION Tailor(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Julie May Vanning(15) PRESENT POSTOFFICE OF MOTHER Pinckney SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Charleston SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 AM. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. W. Allen(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinckney SC

Given name added from a supplemental report

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

(27) Filed Jan 11 1916 (28) C. C. Craft M.D. 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.

Registrar I

Local Registrar

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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.

McCaw, of Columbia

N. B.

McCaw