

(1) PLACE OF BIRTH

County of FlorenceTownship of Paimattoor
Inc. Town ofor
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

1900

Registration District No. 200 Registered No. 116

(For use of Local Registrar)

(2) Full Name of Child

Marie Isgett

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

(3) GIRL? yes (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 26 1900

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Isgett(9) PRESENT POSTOFFICE OF FATHER Florence #2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY #1 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 81

MOTHER.

(14) NAME BEFORE MARRIAGE Bulah Bland(15) PRESENT POSTOFFICE OF MOTHER Florence #2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE

(19) OCCUPATION House wife(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 alive on the date above stated. (Born alive or dead)(23) (Signature) Sarah Elledge (24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Florence R2 #7 S. J. J.

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 10 1900 (28) 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.

REMARKS: THIS CERTIFICATE IS NOT VALID UNLESS IT IS SIGNED BY A PHYSICIAN OR MIDWIFE. IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, ETC. IN QUESTION 8.

WRITER PLAINLY. WITH REFERRING INK—THIS IS A SUPPLEMENTAL REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, ETC. IN QUESTION 8.

McGraw-Hill of Columbia