

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
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Brunswick
 Township of Williston
 or
 Inc. Town of Williston
 or
 City of Williston

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

File No.—For State Registrar Only
63172

Registration District No. 573

Registered No.
 (For use of Local Registrar)

(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 Donna

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? No (7) DATE OF BIRTH June 19, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donna
 (9) PRESENT POSTOFFICE OF FATHER Williston
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Brunswick Co
 (13) OCCUPATION Farm Hand
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lora Reed
 (15) PRESENT POSTOFFICE OF MOTHER Williston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Brunswick Co
 (19) OCCUPATION Farm Hand
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. H. Smith

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

(27) Filed 10

(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.