

MADE FOR RECORDING

MADE 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.

McGraw-Hill

(1) PLACE OF BIRTH

County of Lee

Township of Cypress

or

Inc. Town of

or

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

90701

Registration District No. 3001 Registered No. (For use of Local Registrar)

(2) Full Name of Child Mary Lydie

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 6

(6) Are Parents Married Yes

(7) DATE OF BIRTH Dec. 10, 1916

FATHER.

(8) FULL NAME Wm. Lydie

(9) PRESENT POSTOFFICE OF FATHER Bishopville

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Darlington

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Price

(15) PRESENT POSTOFFICE OF MOTHER Bishopville

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Darlington

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan J. D. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 10, 1916 (28) McGraw-Hill 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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