

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Bull Creek Creek
or
Inc. Town of
or
City of (No. St.; Ward)
(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
75225

Registration District No. 4403 Registered No. 51
(For use of Local Registrar)

(2) Full Name of Child Louise Dye If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 27, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mat Dye

(9) PRESENT POSTOFFICE OF FATHER Sharon S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE York Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Crosby

(15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE York Co S.C.

(19) OCCUPATION Horsekeeping

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Martha Mc Clellan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sharon S.C.

Given name added from a supplemental report

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Registrar

(26) Witness A. E. Howard
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 30 1916 (28) J. E. McClellan 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.