

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bamberg
Township of Bamberg
OF
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
88380

Registration District No. 400 Registered No. 193
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19, 1916
(If child is not yet named, make supplemental report as directed)
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ed Ford
(9) PRESENT POSTOFFICE OF FATHER Bamberg
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Bamberg County
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Martlee Watson
(15) PRESENT POSTOFFICE OF MOTHER Bamberg
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Bamberg County
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sara Simmons
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 1/5 1917 (28) John Cooper 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.