

(1) PLACE OF BIRTH

County of LexTownship of Ironsideor Inc. Town of Ironsideor City of Ironside

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

65221
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

65213

Registration District No. 3102 Registered No. 60

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH 6 3 1916

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Fletcher Tenn(14) NAME BEFORE MARRIAGE Carrie Lou Oliver(9) PRESENT POSTOFFICE OF FATHER Ironside S.C.(15) PRESENT POSTOFFICE OF MOTHER Ironside S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 35

(Years)

(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Orangeburg Co.(18) BIRTHPLACE Orangeburg Co.(13) OCCUPATION Farmer(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 1(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 born at Ironside on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(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) File

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(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.

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