

(1) PLACE OF BIRTH

County of DarlingtonTownship of Philadelphian

or

Inc. Town of

or

City of

(No. St.) (When)
(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

59643

Registration District No. 14-09 Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child Ola Marie See { 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 3(6) Are Parents Married? Yes(7) DATE OF BIRTH April 26
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James See(9) PRESENT POSTOFFICE OF FATHER Limmonsville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Scotland Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Vista Carter(16) PRESENT POSTOFFICE OF MOTHER Limmonsville S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 26
(Years)(19) BIRTHPLACE Florence Co S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. A. Howard

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

MidwifeLimmonsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/9/1916(28) T. E. Williams
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.

MAKING MEMORANDUM WITH BIRTHING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, N. No. 2, etc., in question 1.

City of Columbia