

(1) PLACE OF BIRTH
County of Charleston
Township of "

or
Inc. Town of Charleston
or
City of Charleston
(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
88973

Registration District No. 1192 Registered No. 1051
(For use of Local Registrar)

(2) Full Name of Child Milton Walker Bailey { 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 Dec 15 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Milton Bailey
(9) PRESENT POSTOFFICE OF FATHER Lowville SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Chester Co SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Elizabeth Grant
(15) PRESENT POSTOFFICE OF MOTHER Lowville SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Chester Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. L. Love (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chester SC

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 20 1916 (28) J. H. French 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.

WHILE 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.