

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.

McCANN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Georgetown
Township of
or
Inc. Town of.....
or
City of Georgetown (No. St.; Ward)

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

File No.—For State Registrar Only
72822

Registration District No. 21-a Registered No. 76
(For use of Local Registrar)

(2) Full Name of Child Emelena Purvis (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 7th (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 18 19 16
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Purvis
(9) PRESENT POSTOFFICE OF FATHER Georgetown
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 48
(12) BIRTHPLACE Cheraw St.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth seven

MOTHER.
(14) NAME BEFORE MARRIAGE Emma Hooks
(15) PRESENT POSTOFFICE OF MOTHER Georgetown St.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE Lanes St.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 a.m. on the date above stated. (Survived or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Agnes Steele King
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 20 19 16 (28) W. S. Myly 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.