

(1) PLACE OF BIRTH

County of *Calhoun*Township of *Pine Grove*or
Inc. Town of *Low State*or
City of

(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

48267

Registration District No. *803*Registered No. *14*

(For use of Local Registrar)

(2) Full Name of Child *Corbet Corrado*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>4</i> <small>(To be answered only in case of Twin or Triplet)</small>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Feb. 16</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME *James Corrado*

(9) PRESENT POSTOFFICE OF FATHER *Fort Mott SE*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *37*
(Years)

(12) BIRTHPLACE *Fort Mott SE*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *4*

MOTHER

(14) NAME BEFORE MARRIAGE *Ella Butler*

(15) PRESENT POSTOFFICE OF MOTHER *Fort Mott*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *39*
(Years)

(18) BIRTHPLACE *Fort Mott SE*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *103* at *103* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Wright*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Fort Mott SE

Given name added from a supplemental report

(26) Witness *Mrs. J. D. Stoudemire*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb. 25, 1916* (28) *J. D. Stoudemire*
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.

WEATHER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
X. 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 6.
McGraw, of Columbia.