

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.

(1) PLACE OF BIRTH
 County of Newberry
 Township of Salath
 or
 Inc. Town of ..
 or
 City of .. (No. St.; Ward)
 (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
90463

Registration District No. 2701 Registered No. 155
 (For use of Local Registrar)

(2) Full Name of Child Shemie Starkland (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) Age Parents (In years) 25 (7) DATE OF BIRTH Dec 9 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Shemie Starkland</u>	(14) NAME BEFORE MARRIAGE <u>Edena Stoner</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Westville SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kath SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Starkland Co</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u></u>
20 Number of children born to mother, including present birth <u>3</u>		21 Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 19 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Margaret White
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Camden SC

Given name added from a supplemental report ..
 (26) Witness Rebecca Innes (Signature of Witness necessary only when question 23 is signed by mark)
 .. 19 .. Registrar (27) Filed Dec 16 1916 (28) W. H. Mason 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.