

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

File No.—For State Registrar Only

66420

(1) PLACE OF BIRTH

County of SpencerTownship of Pratt

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4104 Registered No. 73
 (For use of Local Registrar)(2) Full Name of Child. Mabel Seney(3) BOY OR GIRL girl(4) Twin or Triplet Two(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH June 10

(8) MONTH (Day) (Year)

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie X Pearson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Friedal A.C.(26) Witness Thomas Brogdon

(27) (Signature of Witness necessary only when question 26 is signed by mark)

(28) Filed June 17 1916

(29) 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.