

## (1) PLACE OF BIRTH

County of BoltonTownship of Wesley

Inc. Town of .....

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

45932

Registration District No. 1409 Registered No. 10

(For use of Local Registrar)

2) Full Name of Child Lilly Adeline Read { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan., 30</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

3) FULL NAME Charley Read

(4) PRESENT POSTOFFICE OF FATHER W. born. S. C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Bolton W. S. C.

(13) OCCUPATION Log cutter

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca King

(15) PRESENT POSTOFFICE OF MOTHER W. born. S. C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Bolton W. S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charley Read (24) State whether Physician or Midwife (25) Address of Physician or Midwife W. born. S. C.

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 Feb. 11 1916 (28) Wm. L. Parryett 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.

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