

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

63203

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheltonor  
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. 632A Registered No. 24

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 14</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE <u>Julia Reuges</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER <u>Wade, S. C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(12) BIRTHPLACE	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>
	(Years)		(18) BIRTHPLACE <u>Walterburg, S. C.</u>	(Years)
(13) OCCUPATION			(19) OCCUPATION <u>Farmer's wife</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at 11:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Frances(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wade, S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Anna Frances  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 14, 1916 (28) Anna Frances  
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.

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.

McCaw, of Columbia