

FORM NO. 8
MARGIN RESERVED FOR BINDING.
WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Murwill</i>		STATE OF SOUTH CAROLINA, Bureau of Vital Statistics State Board of Health		85809	
Township of <i>Murwill</i>		Registration District No. <i>2209</i>		Registered No. <i>526</i>	
Inc. Town of <i>Putout in Murwill</i>		City of <i>Johnson Row</i>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; <i>Ward</i>			
(2) Full Name of Child. { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>10 10 1916</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>James J. By</i>			(14) NAME BEFORE MARRIAGE <i>Beatrice Corammy</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Mahoffers Store</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Home</i>		
(10) COLOR OR RACE <i>col</i>	(11) AGE AT LAST BIRTHDAY <i>22</i>	(12) BIRTHPLACE <i>B.C.</i>	(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>19</i>	(18) BIRTHPLACE <i>B.C.</i>
(13) OCCUPATION <i>Labour</i>			(19) OCCUPATION <i>Wash woman</i>		
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>3 34</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Dr. H. H. H.</i>			(25) Address of Physician or Midwife <i>Greenville</i>		
(24) State whether Physician or Midwife <i>Physician</i>			(26) Witness <i>Nov 13 1916</i>		
Given name added from a supplemental report			(27) Filed <i>1916</i>		
			(28) <i>A. J. Mackey</i> 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.

K O D A K S A F E