

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of Georgetown

(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

64392

Registration District No. 21-16 Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child Baby Antley

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? 1(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH June 3-6

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas James Antley(9) PRESENT POSTOFFICE OF FATHER Georgetown - S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Orangeburg - S.C.(13) OCCUPATION Saw mill work(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Kettie Edna Waltz(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Orangeburg - S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born born alive at 145 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. J. Gailard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown - S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 11, 1916 (28) Wm. J. Gailard 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.

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.

McCaw, of Columbia.