

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *York*
Township of *Fort Mill*
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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

75256

Registration District No. *44.06*Registered No. *63*
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

no

(5) Number in order of birth

1

(6) Are Parents Married?

no

(7) DATE OF

BIRTH *Aug. 14, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter White

(9) PRESENT POSTOFFICE OF FATHER

Fort Mill S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie James

(15) PRESENT POSTOFFICE OF MOTHER

Fort Mill S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

21
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 a.* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mattie Eagle*

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Fort Mill, S.C.

Given name added from a supplemental report

(26) Witness

A. L. Parker
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

8-16-1916

(28)

A. L. Parker

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.