

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of *York*  
Township of *Fort Mill*  
OR  
Inc. Town of .....

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)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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*  
To be answered only in event of Twins or Triplets (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 Beagle*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Fort Mill, S.C.*  
(26) Witness *A. L. Parks* (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *8-16-1916* (28) *A. L. Parks* 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.