

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.

(1) PLACE OF BIRTH
 County of Georgetown
 Township of #1
 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
85678

Registration District No. 2100 Registered No. 30
 (For use of Local Registrar)

City of (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 Mary Boine { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 2 (5) Number in order of birth 21 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 1, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hampton Boine
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 35
 (12) BIRTHPLACE Georgetown Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Shepard
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Georgetown Co
 (19) OCCUPATION Housewife
 (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 Normal at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bella Blake
 (24) State whether Midwife (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

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

(27) Filed 1/4 1916. (28) J. M. Johnson 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.