

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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>73935</b>	
County of <u>Marlboro</u> Township of <u>Hebron</u> or Inc. Town of ..... or City of ..... (No. .... St.; .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>3304</u> Registered No. <u>1071</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Mollie O'neil</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31, 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Joe O'neil</u> (9) PRESENT POSTOFFICE OF FATHER <u>Clio, S.C.</u> (10) COLOR OR RACE <u>negro</u> (11) AGE AT LAST BIRTHDAY <u>66</u> (12) BIRTHPLACE <u>Marlboro</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>4</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Mary E. Leiby</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Clio, S.C.</u> (16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>38</u> (18) BIRTHPLACE <u>Marlboro</u> (19) OCCUPATION <u>Labourer</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> ..... at <u>10 a.m.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Phil wife Polly C. Livingston</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Clio, S.C.</u>					
Given name added from a supplemental report ..... ..... 19 .... Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Sept 4</u> 19 <u>16</u> (28) <u>W. F. Woodley</u> 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.					