

(1) PLACE OF BIRTH

County of Bainberg  
Township of 3 mile  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

84378

Registration District No. 404 Registered No. 157

(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 7 (6) Are Parents Married? no (7) DATE OF BIRTH Nov 29, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Ireland  
(9) PRESENT POSTOFFICE OF FATHER Ehrhardt. S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30  
(Year)  
(12) BIRTHPLACE Bainberg Co. S.C.  
(13) OCCUPATION Farmer Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Porter  
(15) PRESENT POSTOFFICE OF MOTHER Ehrhardt. S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31  
(Year)  
(18) BIRTHPLACE Bainberg Co. S.C.  
(19) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth 17 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Orr  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ehrhardt. S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Date Dec 2, 1916 (28) G. J. Herndon Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child survives even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MAINTAIN SEPARATE BOOKS, BINDING, WRITING PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD. N. B.—IN CASE OF TWINS, TRIPLETS, ETC., IN SUPPLEMENTARY REPORTS, FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5, RECORD OF COLUMBIA, COLUMBIA, S. C.