

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH ENLARGING 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 Anderson

Township of Harlem

or
 Inc. Town of

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

63080

Registration District No. 312 Registered No. 74

(For use of Local Registrar)

(2) Full Name of Child Millage Mues

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet? —

(5) Number in order of birth 2

To be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 28 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born at 10:09 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/9 1916

(28) Dr. L. Casey Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If born at home, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy before the fifth month of pregnancy.