

MARGIN RESERVED FOR BINDING.

WHITE 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.

Cav. of Columbia.

McCa.

(1) PLACE OF BIRTH

County of Georgetown
Township of #2
or
Inc. Town of
or
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
55925

Registration District No. 2101 Registered No. 22
(For use of Local Registrar)

(2) Full Name of Child Rena Ladson

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>April 3, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Small</u>			(14) NAME BEFORE MARRIAGE <u>Mary Ladson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Saupeh SC</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Georgetown SC</u>			(18) BIRTHPLACE <u>Georgetown Co. SC</u>	
(13) OCCUPATION <u>laborer</u>			(19) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth X. Beck

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

Given name added from a supplemental report

(26) Witness Mariade Bailey
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed April 10, 1916 (28) Rob Bailey 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.

*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.