

THIS IS A PERMANENT RECORD. 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.

MOBAY OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Hurshaw S.C.

Township of Buffalo

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

Registration District No. ....

File No.—For State Registrar Only

90449

Registered No. 144  
(For use of Local Registrar)

(No. 2700 .....

St.; ..... Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 20 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Dease

(9) PRESENT POSTOFFICE OF FATHER

Hurshaw S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Hurshaw S.C.

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Horton

(15) PRESENT POSTOFFICE OF MOTHER

Hurshaw S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Hurshaw S.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

E. J. Brown

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Hurshaw S.C. R6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10 1917

(28)

J. H. McArthur

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.