

MARGIN RESERVED FOR INDEXING.  
 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.

**(1) PLACE OF BIRTH**  
 County of Horry  
 Township of Lermonway  
 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.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
77532

Registration District No 2-472 Registered No. 148  
 (For use of Local Registrar)

**(2) Full Name of Child** Relia Louise

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

|                                    |  |   |  |  |
|------------------------------------|--|---|--|--|
| (3) BOY OR GIRL?<br><u>girl</u>    | (4) Twin or Triplet?<br><u>To be answered only in event of Twins or Triplets</u> | (5) Number in order of birth  | (6) Are Parents Married?<br><u>yes</u>   | (7) DATE OF BIRTH<br><u>Sept. 29, 1916</u><br>(Name of Month) (Day) (Year) |
| <b>FATHER.</b>                     |  |   | <b>MOTHER.</b>   |  |
| (8) FULL NAME<br><u>Mellie Lee</u> | (14) NAME BEFORE MARRIAGE<br><u>Dora Mishoe</u>                                  | (9) PRESENT POSTOFFICE OF FATHER<br><u>Lermonway SC</u>                     | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Lermonway</u>                                  | (16) COLOR OR RACE<br><u>white</u>   |
| (10) COLOR OR RACE<br><u>white</u> | (17) AGE AT LAST BIRTHDAY<br><u>42</u><br>(Years)                                | (11) BIRTHPLACE<br><u>Horry Co</u>  | (18) BIRTHPLACE<br><u>Horry Co</u>   | (19) OCCUPATION<br><u>House wife</u>                                       |
| (12) BIRTHPLACE<br><u>Horry Co</u> | (13) OCCUPATION<br><u>Farmer</u>   | (20) Number of children born to mother, including present birth<br><u>8</u> | (21) Number of children of this mother now living, including present birth<br><u>7</u> |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

**(22)** I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

**(23)** (Signature) M. T. Clardy  
**(24)** State whether Physician or Midwife midwife **(25)** Address of Physician or Midwife Savannah Bluffs

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 Sept 30, 1916 **(28)** J. D. Rogers 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.