

WHEN PLAINLY APPEARING IN THE BIRTH RECORD, IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND LIST IN FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort
 or
 Township of Sheldon
 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
84439

Registration District No. 603B Registered No. 96
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child Mary Ellen Rast (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 24, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeremiah H. Rast.

(9) PRESENT POSTOFFICE OF FATHER Sheldon, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE So. Car.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Walker

(15) PRESENT POSTOFFICE OF MOTHER Sheldon, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE So. Ca.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:5 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) M. B. Coker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pt. Royal, S. C.

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness James H. Ottaway
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/24 19 16 (28) M. Ottaway
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.

S. A. K. A. O. D. K.