

WRITE PLAINLY, WITH UNFADING INK—USE BLUE INK—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND LIST ALL FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort
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)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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
(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 M.
on the date above stated. (Born alive or stillborn) (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

(26) Witness

James H. Ottaway
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/24 19 16

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.