

(1) PLACE OF BIRTH

County of Durham

Township of

Inc. Town of

City of Randolph

(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

47021

Registration District No. 34Registered No. 47
(For use of Local Registrar)(2) Full Name of Child Callie C. Perry If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH Feb. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME James Perry(9) PRESENT
POSTOFFICE
OF FATHER underwood(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 34

(Years)

(12) BIRTHPLACE L.C.(13) OCCUPATION mill apt(20) Number of children born to
mother, including present birth 1—Anna

MOTHER.

(14) NAME BEFORE
MARRIAGE Rhody Wilson(15) PRESENT
POSTOFFICE
OF MOTHER underwood(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 24

(Years)

(18) BIRTHPLACE L.C.(19) OCCUPATION House Wm(21) Number of children of this mother
now living, including present birth 1—Anna

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Perry

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

Given name added from a supplement-
tal report

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 1916 (28) J. B. Wright
Local RegistrarWhen 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.

Registrar

Local Registrar

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fifth month of pregnancy.

RECEIVED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT COLUMBIA, S. C., FEBRUARY 10, 1916.

WITH CERTIFICATE OF BIRTH. THIS IS A PRELIMINARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 8.

W. E. McCaw, of Columbia