

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Varianville  
 or  
 Inc. Town of Auderson  
 or  
 City of P. D.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Only  
**19866**

Registration District No. 313 Registered No. 28  
 (For use of Local Registrar)

(No. .... St. .... Word)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mark Lee Self

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. Age 1 yr 7. DATE OF BIRTH July 13, 1910  
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.  
 8. FULL NAME Harvey Self

9. PRESENT POSTOFFICE OF FATHER Auderson, P. D.

10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (Year)

12. BIRTHPLACE Georgia

13. OCCUPATION Mechanic

20. Number of children born to mother, including present birth 1st

MOTHER.  
 14. NAME BEFORE MARRIAGE Ruth Camp

15. PRESENT POSTOFFICE OF MOTHER Auderson P. D.

16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (Year)

18. BIRTHPLACE Georgia

19. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. B. Patterson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Auderson

Given name added from a supplemental report

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

(27) Filed Aug 15, 1910 E. R. Elrod 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.

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