

MARGIN RESERVED FOR BINDING.

WRITE 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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Peem*
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

75149

Registration District No. *4308* Registered No. *74*
(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 *Benjamin Rush* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *boy* (4) Twin or Triplet? (5) Number in order of birth *5* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 3rd* 19*16*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Charlie Rush*

(14) NAME BEFORE MARRIAGE *Annie Miller*

(9) PRESENT POSTOFFICE OF FATHER *Bryan, S. C.*

(15) PRESENT POSTOFFICE OF MOTHER *Bryan, S. C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *32* (Years)

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *34* (Years)

(12) BIRTHPLACE *Williamsburg co. S. C.*

(18) BIRTHPLACE *Williamsburg co. S. C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Farm laborer*

(20) Number of children born to mother, including present birth *5*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Sylvia Ann X Hurel*
(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Bryan, S. C.*

Given name added from a supplemental report

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

(27) Filed *Aug 10th* 19*16* (28) *Albert P. Moreley* 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.