

(1) PLACE OF BIRTH

County of

Mustis

Township of

Kelleville

Inc. Town of

City of

(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

45759

Registration District No.

1104

Registered No.

4

(For use of Local Registrar)

(2) Full Name of Child

Cap. Elvada

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

2

(6) Are Parents Married?

No

(7) DATE OF BIRTH

Jan. 11, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frazier Woods

(9) PRESENT POSTOFFICE OF FATHER

Mustis S.C. Rt 2

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Mustis S.C.

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rose Franklin

(15) PRESENT POSTOFFICE OF MOTHER

Mustis S.C. Rt. 2

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Mustis Co.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:00* *Black* *A.M.* on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Leisley Wright

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mustis S.C. Rt 2

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Jan 28, 1916

(28)

H. S. McDaniel
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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, of Columbia

McCaw

MAILED FEBRUARY 1916

FEBRUARY 1916

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