

MARGIN RESERVED FOR INDEXING.  
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 8.

(1) PLACE OF BIRTH  
County of Richland  
Township of Columbia, S.C.  
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  
66004

Registration District No. 38a  
Registered No. ....  
(For use of Local Registrar)  
Full Name of Child Ebbie Calvin Deloach  
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 .....  
(6) Are Parents Married? Yes  
(7) DATE OF BIRTH June 10, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ebbie Calvin Deloach  
(9) PRESENT POSTOFFICE OF FATHER Olympia S.C.  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE Graniteville S.C.  
(13) OCCUPATION Textile

MOTHER.  
(14) NAME BEFORE MARRIAGE Grace C. Mattot  
(15) PRESENT POSTOFFICE OF MOTHER .....  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE Pacolet S.C.  
(19) OCCUPATION .....

(20) Number of children born to mother, including present birth 4  
(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 10:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife L. R. Sainey  
(24) State whether Physician or Midwife .....  
(25) Address of Physician or Midwife .....

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 June 20, 1916 (28) .....  
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.

fifth month of pregnancy.