

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY. WITH READING IN THIS IS A PERMANENT RECORD, and mark the  
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.

(1) PLACE OF BIRTH

County of Bamberg  
Township of 3 mile  
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

88401

Registration District No. 1404

Registered No. 156  
(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 Queen Esther Middleton (If child not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 1 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mon Middleton  
(9) PRESENT POSTOFFICE OF FATHER Chhardt. S. C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30  
(Years)  
(12) BIRTHPLACE Bamberg Co.  
(13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Primus  
(15) PRESENT POSTOFFICE OF MOTHER Chhardt. S. C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
(Years)  
(18) BIRTHPLACE Dorchester Co. S. C.  
(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 alive at 10 30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cornelia Kirkland  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chhardt. 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 Jan. 8 1917 (28) G. J. Henderson 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.