

Form No. 16.
When filled out, with the usual fee - this is a permanent record.
In case of twins or triplets use a separate form for each child, and mark the first-born, No. 1, the other, No. 2, etc., to question 2.

(1) PLACE OF BIRTH

County of Barnwell
Township of Barnwell
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

48118

Registration District No. 501 Registered No. 13
(For use of Local Registrar)
St.; Ward)

2) Full Name of Child

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
To be answered only in case of twins or triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 7 1916
Name of Month (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm. H. H. H.

(14) NAME BEFORE MARRIAGE Wm. H. H.

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 Years

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 Years

(12) BIRTHPLACE Barnwell S.C.

(18) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Francina Brent

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Barnwell 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 Feb 21 1916. (28) Blanchard 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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