

(1) PLACE OF BIRTH

County of Bladen
Township of Hudsonville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
45978

Inc. Town of Registration District No. 1502 Registered No. 2
or (For use of Local Registrar)
City of Bladen (No. 1502 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 Marcell World If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ed (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE BIRTH Jan. 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mayon World
(9) PRESENT POSTOFFICE OF FATHER Hudsonville
(10) COLOR OR RACE American (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Bladen Co
(13) OCCUPATION Medic
(20) Number of children born to mother, including present birth 3 ed

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Keady
(15) PRESENT POSTOFFICE OF MOTHER Hudsonville
(16) COLOR OR RACE American (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Bladen Co
(19) OCCUPATION Housekeeping
(21) Number of children of this mother now living, including present birth 3 ed

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) G. A. Edwards (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hudsonville

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness J. E. Howell (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 20 1916 (28) A. Empson Davis 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.

Registrar 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.

PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C. THIS IS A PERMANENT RECORD. 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.