

(1) PLACE OF BIRTH

County of Columbia S.C. **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
87138

Township of

Inc. Town of

Registration District No. 38a Registered No. 1525
(For use of Local Registrar)City of (No. St.: 3 Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Beatrice Canty { If child is not yet named, make supplemental report as directed3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth one
To be answered only in case of Twins or Triplets(6) Are Parents Married? no(7) DATE OF BIRTH Oct. 17, 1916
(Name of Month) (Day) (Year)

FATHER.

4) FULL NAME Mack Canty5) PRESENT POSTOFFICE OF FATHER 1403 Whaley st6) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)7) BIRTHPLACE Lexington S.C.8) OCCUPATION Day Hand9) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Blanch Jackson(15) PRESENT POSTOFFICE OF MOTHER 1403 Whaley st(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Wash Woman(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 4 P.M. M.
(Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Maggie Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 1716 Rice st.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/15/16 E. C. C. C. C.

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 third month of pregnancy.