

## (1) PLACE OF BIRTH

County of JeffersonTownship of Northor  
Inc. Town of .....or  
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

85635

Registration District No. .... Registered No. ....  
(For use of Local Registrar)

(No. .... St. .... Ward)

(If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child .....

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth -  
Is to be answered only in case of twins or triplets(6) Are Parents Married? yes (7) DATE OF BIRTH Nov 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elma M. Handcock(9) PRESENT POSTOFFICE OF FATHER Lake City(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Jefferson(13) OCCUPATION Farm(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Allie L. Chick(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16  
(Years)(18) BIRTHPLACE Jefferson, S.C.(19) OCCUPATION House Keeper(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 at 11 2 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Charlotte 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 11-24-16 (28) Local Registrar [Signature]

\*When there was no attending physician or midwife, 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 fourth month of pregnancy.

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 5.

Caw. of Columbia