

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.

(1) PLACE OF BIRTH

County of Chesterfield.....

Township of

OR
Inc. Town of Cheraw.....

OR

City of (No. St.; Ward)
(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

76304

Registration District No. 12 A Registered No. 74
(For use of Local Registrar)(2) Full Name of Child Della Fuller { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept. 22</u> (Name of Month) (Day) (Year) <u>1916</u>
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FATHER.

(8) FULL NAME <u>Jamie Malloy</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cheraw, S.C.</u>
(10) COLOR OR RACE <u>col</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Cheraw S.C.</u>
(13) OCCUPATION <u>Laborer Bx Factory</u>
(20) Number of children born to mother, including present birth { <u>3</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Annie Fuller</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw S.C.</u>
(16) COLOR OR RACE <u>col</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(18) BIRTHPLACE <u>Marlboro Co, S.C.</u>
(19) OCCUPATION <u>Full laborer</u>
(21) Number of children of this mother now living, including present birth { <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Della H. Sanders

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

midwifeCheraw S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness T. E. Wainmanaker Jr.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 1916

(28)

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.