

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 8.

Caw. of Columbia

(1) PLACE OF BIRTH

County of CharlestonTownship of St. JohnInc. or  
Town of .....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

45831

Registration District No. 12-06 Registered No. 11  
(For use of Local Registrar)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 3, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. T. Jones(9) PRESENT POSTOFFICE OF FATHER allendale(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE allendale(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Rocket(15) PRESENT POSTOFFICE OF MOTHER allendale(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE allendale(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at ..... M.,  
on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. C. Leach(24) State whether Physician or Midwife (25) Address of Physician or Midwife allendale

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2/5 1916 (28) J. C. Leach 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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