

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor  
Inc. Town of .....

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

84432

Registration District No. 600 Registered No. 108 B. 67

(For use of Local Registrar)

(2) Full Name of Child... Therese Craven } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 25 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert M. Craven(9) PRESENT POSTOFFICE OF FATHER Burton, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Colleton County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE H. R. Hiers(15) PRESENT POSTOFFICE OF MOTHER Burton, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Colleton County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 5-15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca S. Burton

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

MidwifeBurton, S. C.

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 11-30, 1916 (28) M. B. Cape 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.

MARGIN RESERVED FOR BINDING.

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.

Middletown, Columbia