

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75256

(1) PLACE OF BIRTH

County of *York*Township of *Fort Mill*

or

Inc. Town of

or

City of

Registration District No. *H406* Registered No. *61*

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *W.M. Perry* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Aug. 11, 1916</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <i>Mame Perry</i>	(14) NAME BEFORE MARRIAGE <i>Mary Williams</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Fort Mill</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>ft. Mill</i>
(10) COLOR OR RACE <i>Colord</i>	(16) COLOR OR RACE <i>Colored</i>
(11) AGE AT LAST BIRTHDAY <i>36</i> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <i>35</i> <small>(Years)</small>
(12) BIRTHPLACE <i>Fort Mill</i>	(18) BIRTHPLACE <i>Sole.</i>
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>4</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *M-30* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rose Spratt*

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled *9-2-16* (28) *A.S. Parker*
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 FULLY, 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.

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