

(1) PLACE OF BIRTH

County of York  
Township of Clinton  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

77568

Registration District No. 2505 Registered No. 64  
(For use of Local Registrar)

(2) Full Name of Child Ida Bernice (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 16  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Wm. Perry Bernice  
(9) PRESENT POSTOFFICE OF FATHER Clinton York SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(12) BIRTHPLACE York Co SC  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Pessie F. Moore  
(15) PRESENT POSTOFFICE OF MOTHER Clinton York SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE York Co SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. N. Bass  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Clinton York SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 30 16 (28) Geo. M. Huggins 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, and mark the 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. MCGAW OF COLUMBIA, COLUMBIA, S. C.