

(1) PLACE OF BIRTH

County of Derlington
 Township of Swyg & Camp

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

59673

Registration District No. 1511 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Robert Mack { If child is not yet named, make supplemental report as directed

(4) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH April 16 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lester Mack

(9) PRESENT POSTOFFICE OF FATHER Derlington P.I.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Derlington Co

(13) OCCUPATION Farmer laborer

(20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Inez Wilson

(15) PRESENT POSTOFFICE OF MOTHER Derlington P.I.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Derlington Co

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomast. K. K.

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

Midwife Derlington P.I.

Given name added from a supplemental report

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

Registrar

(26) Witness W. B. K.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 1, 1916 (28) C. A. Early 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.

WRITING PLAINLY. WRITE USING ARABIC NUMERALS. THIS IS A SUPPLEMENTARY REPORT. IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTARY REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.