

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**71140**

(1) PLACE OF BIRTH  
 County of Aiken  
 Township of Rocky Spring  
 or  
 Inc. 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.)  
 Registration District No. 216 Registered No. 72  
 (For use of Local Registrar)  
 (2) Full Name of Child. William Albert Row } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth. ....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 3</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>JAMES ROW</u>			(14) NAME BEFORE MARRIAGE <u>Maie D Malls</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waynes, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Waynes, S.C.</u>	
(10) COLOR OR RACE <u>Wepo</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Wepo</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Aiken C.</u>			(18) BIRTHPLACE <u>Waynes C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Mary Ann S. Muthersohn  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rocky Spring, S.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness W.D. Mellow  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 6 191... (28) W.D. Mellow 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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