

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.

McCOM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro,Township of Smithville,or
Inc. Town ofor
City of

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

(2) Full Name of Child Charles Perkins.

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 23/1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Eus Perkins

(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.

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

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Chavis

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.

(16) COLOR OR RACE White, (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House work

(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 alive, at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizer Quick(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Bennettsville, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 2/1916(28) W. H. Rust
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.