

MARGIN RESERVED FOR BINDING.
 WRITED 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u> S.C.		STATE OF SOUTH CAROLINA		65939	
Township of <u>Liberty</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>3705</u>		Registered No. <u>62</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Jas. William Senter</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 13 1916</u>	
To be answered only in event of Twins or Triplets		(Date of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>Claud Senter</u>			(14) NAME BEFORE MARRIAGE <u>Mother Rozella Ray</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C. R 3</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Richland S.C.</u>			(18) BIRTHPLACE <u>Richland S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1st</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Comp. & M. or P. M.)					
(23) (Signature) <u>Wm. Langford</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>July 1 1916</u> (28) <u>John T. Boyce</u> Local Registrar		
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.					