

(1) PLACE OF BIRTH

County of YorkTownship of Deep Riveror Deep RiverInc. Town of Deep RiverCity of Deep River(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90303

Registration District No. 2403Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Walter(9) PRESENT POSTOFFICE OF FATHER Early Branch(10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Jan Rivers(15) PRESENT POSTOFFICE OF MOTHER McPherson St(16) COLOR OR RACE Wyo (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah S. Whipple(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Early Branch

Given name added from a supplemental report

(26) Witness J. B. McFar

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

(27) Filed Jan 2 1916 (28) J. B. McFar

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.