

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.

MEDICAL OFFICE, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chesterfield
Township of Old Stone
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

89119

Registration District No. 1201

Registered No. 718
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bernie Blakely
(9) PRESENT POSTOFFICE OF FATHER Pageland S.C.
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE Chesterfield
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Blakely
(15) PRESENT POSTOFFICE OF MOTHER Pageland
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Chesterfield
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Davis

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pageland S.C.

Given name added from a supplemental report

(26) Witness T. R. Leath
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-1-1917 (28) T. R. Leath
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.