

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(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

47087

Registration District No. 3608 Registered No. 1

(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?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 4 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Caron Charis

(9) PRESENT POSTOFFICE OF FATHER

Deeris S.C.

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

Orangeburg Co SC

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Hunt

(15) PRESENT POSTOFFICE OF MOTHER

Deeris

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30 (Years)

(18) BIRTHPLACE

Orangeburg Co SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mellie Livingston

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife North S.C.

Given name added from a supplemental report

(26) Witness

J. D. Taylor (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 3 1916

(28) Mellie Livingston 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH LEADING 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 N. No. 1, THE OTHER, No. 2, etc., in question 5.

McCall of Columbia.