

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. USE 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.

(1) PLACE OF BIRTH  
 County of Georgetown  
 Township of #  
 or  
 Inc. Town of.....  
 or  
 City of..... (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  
**85679**

Registration District No. 2/100 Registered No. ....  
 (For use of Local Registrar)

(2) Full Name of Child Frank Fishburn 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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 27, 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isick Fishburn  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 40  
 (12) BIRTHPLACE Georgetown Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Flarende Segree  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 35  
 (18) BIRTHPLACE Georgetown S.C.  
 (19) OCCUPATION House wife  
 (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 Born alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Ford  
 (24) State whether Physician or Midwife Mid wife (25) Address of Physician or Midwife Georgetown 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 12/5 1916 (28) J. M. Johnson 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.