

(1) PLACE OF BIRTH

County of Georgetown
Township of _____

Inc. Town of _____

City of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar

52237

Registration District No. 2-2

Registered No. 28

(For use of Local Registrar)

618 High Market

St.: _____ Ward: _____

If child born in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child Arne Elizabeth Read

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

3. SEX OR CHILD Male 4. Twin No 5. Number in order of birth 8th 6. Is Parents Married? Yes 7. DATE May 18 1916 BIRTH (Give of Month) (Day) (Year)

FATHER

1. FULL NAME John V. White. Read

2. PRESENT RESIDENCE Georgetown S.C.

3. COLOR OR RACE White 4. AGE AT LAST BIRTHDAY 43 (Years)

5. BIRTHPLACE Georgetown S.C.

6. OCCUPATION Eng. Engineer

7. Number of children born to mother, including present birth 5

MOTHER

1. NAME BEFORE MARRIAGE Lynch Hong Dear

2. PRESENT RESIDENCE Georgetown S.C.

3. COLOR OR RACE White 4. AGE AT LAST BIRTHDAY 36 (Years)

5. BIRTHPLACE Camden - S.C.

6. OCCUPATION House Keeping

7. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born alive at 10 30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(13) (Signature) W. M. Gaillass (14) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplementary report

(15) Witness (Signature of Witness necessary only when question 12 is signed by mother)

(16) Filed May 6 at Georgetown (17) 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 REMOVED FOR READING. WRITER PLAINLY. WITH EMPHASIS 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. McKay, of Columbia.