

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

or

Inc. Town of

or

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

71339

Registration District No. 914Registered No. 55-
(For use of Local Registrar)(2) Full Name of Child. Clarence

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? Twin(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 27, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Roy Mohrfe(9) PRESENT POSTOFFICE OF FATHER Williamston(10) COLOR OF RACE White(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Chadron, Anderson Co(13) OCCUPATION Farmer & Brick Layer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Lollis(15) PRESENT POSTOFFICE OF MOTHER Williamston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Lander(24) State whether Physician or Midwife (25) Address of Physician or Midwife MD.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/11916

(28)

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.

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MARGIN RESERVED FOR INDEXING.
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.
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