

## (1) PLACE OF BIRTH

County of *Clarendon*Township of *Manning*

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

76447

Registration District No. *1307* Registered No. *71*

(For use of Local Registrar)

(2) Full Name of Child *Marie Vinnie Ard* { If child is not yet named, make supplemental report as directed

|                              |   |                              |                                     |   |
|------------------------------|---|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <i>Girl</i> | (4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Sept, 25, 1916</i><br>(Name of Month) (Day) (Year) |
|------------------------------|---|------------------------------|-------------------------------------|---|

## FATHER.

(8) FULL NAME *Thomas Franklin Ard*(9) PRESENT POSTOFFICE OF FATHER *Bloomville, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Clarendon Co S.C.*(13) OCCUPATION *Lumber Mill*(20) Number of children born to mother, including present birth { *Two* .....

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Ann Hodge*(15) PRESENT POSTOFFICE OF MOTHER *Bloomville SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *Clarendon Co S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth { *Two* .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *11* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Theressa Parson*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Manning S.C.*

Given name added from a supplemental report

(26) Witness *A. S. Todd*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Oct 4, 1916* (28) *A. S. Todd*  
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.

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.

McCaw, of Columbia.