

(1) PLACE OF BIRTH  
 County of Union  
 Township of Jonesville  
 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  
75022

Registration District No. 4204 Registered No. 59  
 (For use of Local Registrar)

(2) Full Name of Child Hesterde M.C. Lanning { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 15 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Johnes McLannny  
 (9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE Union County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 12 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Delia Wright  
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Union County  
 (19) OCCUPATION Domestic  
 (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 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) No one  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness C. N. Alexander  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 17 1916 (28) C. N. Alexander  
 Registrar 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.  
 WRITE MAINLY, 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.

(Ca. of Columbia)