

(1) PLACE OF BIRTH

County of Beaufort.....

Township of Bureau.....

OR
Inc. Town of Newry.....

OR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46985

Registration District No. 3504 Registered No. 5

(2) Full Name of Child. Pauline Bieden } 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Bieden

(9) PRESENT POSTOFFICE OF FATHER Newry S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION misc operator

(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Delia Phillips

(15) PRESENT POSTOFFICE OF MOTHER Newry S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Home wife

(21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. C. Mares

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newry 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 Jan 14 1916 (28) J. E. Hopkins 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.
 M. M.—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