

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

78274

(1) PLACE OF BIRTH Marlboso  
County of Marlboso  
Township of Brightsville  
or  
Inc. Town of ..... Registration District No. 3302 Registered No. 19  
or  
City of ..... (No. ....) St.; ..... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lecou Quack { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 34 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 24, 1916  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Lewis Quack

(9) PRESENT POSTOFFICE OF FATHER Gibson

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Marlboso

(13) OCCUPATION Stom labor

(20) Number of children born to mother, including present birth { 5 }

MOTHER  
(14) NAME BEFORE MARRIAGE Lillie Beebe

(15) PRESENT POSTOFFICE OF MOTHER Gibson

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE L. C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth { 5 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) ..... (24) State whether Physician or Midwife { } (25) Address of Physician or Midwife { }

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Sept. 6, 1916 (28) E. H. Liles 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 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