

(1) PLACE OF BIRTH

County of **Marlboro**,Township of **Smithville**,

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

78342

Registration District No. **3306**... Registered No. **80 96**

(For use of Local Registrar)

(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 **Mary Corwell**,

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

(3) BOY OR GIRL? girl	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Aug. 12/1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Mary Corwell			(14) NAME BEFORE MARRIAGE Hanna Walcut	
(9) PRESENT POSTOFFICE OF FATHER Osborne, N.C.			(15) PRESENT POSTOFFICE OF MOTHER Osborne, N.C.	
(10) COLOR OR RACE Negro		(11) AGE AT LAST BIRTHDAY 46 (Years)	(17) AGE AT LAST BIRTHDAY 46 (Years)	
(12) BIRTHPLACE S.C.			(18) BIRTHPLACE S.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION House Work	
(20) Number of children born to mother, including present birth 9			(21) Number of children of this mother now living, including present birth 8	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **8.2** M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) **Mamervia Quier**(24) State whether Physician or Midwife **Midwife**(25) Address of Physician or Midwife **Osborne, N.C.**

Given name added from a supplemental report

(26) Witness

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

(27) Filed **Oct. 7/1916**(28) **W. H. Priest**
Local Registrar....., 19 ..
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.WHITE PLAINLY, WITH NO ALIAS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
MCAN OF COLUMBIA, COLUMBIA, S. C.