

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

File No. For State Registrar Only
 85672

(1) PLACE OF BIRTH
 County of Georgetown
 Township of #3
 or Inc. Town of
 or City of Georgetown, Prince St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 21-A Registered No. 105
 (For use of Local Registrar)

(2) Full Name of Child Susan Rhue If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 3 1916
(Name of Month) (Day) (Year)
* To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Susan Rhue
 (9) PRESENT POSTOFFICE OF FATHER Georgetown
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY ? (Years)
 (12) BIRTHPLACE Black River
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Calla Pyatt
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY
 (18) BIRTHPLACE Andrews S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 2 P. M.,
 on the date above stated. (Born alive or stillborn) (Town A. M. or P. M.)
 (23) (Signature) Bess Levalle
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 Nov 27 1916. (28) O. S. Weyler 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.
 WRITED 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 3.
 McCraw, of Columbia.

F I L I M M