

## (1) PLACE OF BIRTH

County of Edgefield  
 Township of Hollins

Inc. Town of ..... Registration District No. 1807 ..... Registered No. 34  
 or  
 (For use of Local Registrar)

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 Mary Martha Quarkes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE BIRTH June 1, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Lee Quarkes

(9) PRESENT POSTOFFICE OF FATHER Cold Spring

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Edgefield, Co. S.C.

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie West

(15) PRESENT POSTOFFICE OF MOTHER Cold Spring

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Edgefield, Co. S.C.

(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. G. S. White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cold Spring

Given name added from a supplemental report

Nov 11, 1914

Wm. Ellis Registrar

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

(27) June 3, 1916 (28) M. G. S. White 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.

MARRIAGE RECORDS FOR 1916. THIS IS A PERMANENT RECORD. WITH FADING INK. 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 2. McCaw, of Columbia.

File No. — For State Registrar Only

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