

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.

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| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">87801</div> | |
| County of <u>Wm.burg</u> | | Registration District No. <u>4.306</u> | | Registered No. <u>94</u> | |
| Township of <u>Monrovia</u> | | | | (For use of Local Registrar) | |
| or Inc. Town of | | | | | |
| 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 <u>Clarence Franklin</u> | | | | (If child is not yet named, make supplemental report as directed | |
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>11-27-16</u> (Name of Month) (Day) (Year) | |
| To be answered only in event of Twins or Triplets | | | | | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Calhoun Franklin</u> | | | (14) NAME BEFORE MARRIAGE <u>Jessie Lorena Fulton</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Kingstree S.C.H.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kingstree S.C.H.</u> | | |
| (10) COLOR OR RACE <u>Black</u> | (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) | (16) COLOR OR RACE <u>Black</u> | (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) | | |
| (12) BIRTHPLACE <u>Williamburg Co</u> | | | (18) BIRTHPLACE <u>Williamburg Co</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>House Wife</u> | | |
| (20) Number of children born to mother, including present birth <u>5</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Oliver Fulton</u> | | (25) Address of Physician or Midwife <u>Kingstree S.C.</u> | | | |
| (24) State whether Physician or Midwife | | | | | |
| Given name added from a supplemental report | | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) | | | |
|, 19 | | (27) Filed <u>Nov 29 1916</u> (28) <u>J. T. Finson</u> Local Registrar. | | | |
| 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.