

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *Willcrossburg*

STATE OF SOUTH CAROLINA.

75167

Bureau of Vital Statistics

Township of *Turkey*

State Board of Health

OR

Inc. Town of

Registration District No. *4311*

Registered No. *70*  
(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 *Rick May Flagler*

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

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Aug 6 1916*  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

*Robert Flagler*

(14) NAME BEFORE MARRIAGE

*Emma Scott*

(9) PRESENT POSTOFFICE OF FATHER

*Kingstree Rt 8*

(15) PRESENT POSTOFFICE OF MOTHER

*Kingstree SC*

(10) COLOR OR RACE

*Neger*

(11) AGE AT LAST BIRTHDAY *26*  
(Years)

(16) COLOR OR RACE

*Neger*

(17) AGE AT LAST BIRTHDAY *24*  
(Years)

(12) BIRTHPLACE

*Willcrossburg*

(18) BIRTHPLACE

*Willcrossburg*

(13) OCCUPATION

*Farmer*

(19) OCCUPATION

*House wife*

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

*5*

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

*3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *9 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Adrian Boyd*

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 14 1916*

(28) *W. E. Snowden*  
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.