

WHERE 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 8.
 W. McCraw, of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

54009

(1) PLACE OF BIRTH

County of Wm.burg

Township of Hopl.

OR
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4301 Registered No. 235
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH March 24, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Furman Prevatt

(14) NAME BEFORE MARRIAGE Marie Louise Scott

(9) PRESENT POSTOFFICE OF FATHER Saltus S.C. R7D#1

(15) PRESENT POSTOFFICE OF MOTHER Saltus S.C. R7D#1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Robinson County NC

(18) BIRTHPLACE Wm.burg County SC

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(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 Alive at 10:45 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. P. Jacobs M.D. (25) Address of Physician or Midwife Kingstree S.C.
(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)

(27) Filed Apr 14 1916 (28) E. O. Taylor M.D. 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.

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