

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Hill

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49913

Registration District No. 9307Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child. Nat. named { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Alford

(15) PRESENT POSTOFFICE OF MOTHER

Blenheim(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE

Marlboro

(19) OCCUPATION

Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:00 (M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. L. Taylor

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

midwifeBlenheim

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 Feb. 14 1916(28) H. L. Taylor 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.