

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.

DEPT. OF COMMERCE, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		88548	
Township of <u>Sheldon</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>60313</u>		Registered No. <u>9</u>	
(No. St.; Ward)				(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Mary Field</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec. 23, 1916</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Willie Newton</u>			(14) NAME BEFORE MARRIAGE <u>Florence Field</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sheldon S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sheldon S.C.</u>		
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>Charles Heyward S.C.</u>		(18) BIRTHPLACE <u>Charles Heyward</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 P.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Perry X Small</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
Given name added from a supplemental report		Address of Physician or Midwife <u>Sheldon S.C.</u>			
..... 19		(26) Witness <u>M.R. Walker</u>			
Registrar		(27) Filed <u>Dec 30, 1916</u> (28) <u>Patrick Walsh</u> 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.

A. S. Hooker