

(1) PLACE OF BIRTH

County of *Spokane*Township of *Prolet*

Inc. Town of

or

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

79283

Registration District No. *4006*Registered No. *125*

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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?

(7) DATE OF BIRTH

Aug. 18 6

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

L. C. Mabry

(14) NAME BEFORE MARRIAGE

Eora B. Henderson

(9) PRESENT POSTOFFICE OF FATHER

Trough, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Trough, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Millwork.

(19) OCCUPATION

Housewife

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

3

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5-P.* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

H. L. Kirkpatrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*M. D.**Prolet, S.C.*

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed *Oct 7th 1916*

(28)

M. W. Brown

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

fifth month of pregnancy.