

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.

Caw, of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Mayes
 or
 Inc. Town of Registration District No. 1004-B Registered No. 124
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

76221

(2) Full Name of Child Pessie William Soney 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 Sept. 18, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Mark Soney

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 51 (Years)

(12) BIRTHPLACE Cherokee

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 12 }

MOTHER
 (14) NAME BEFORE MARRIAGE Helena Wilkins

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Cherokee

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 11 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. D. Soney

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia, S.C.

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 Oct. 1, 1916 (28) G. S. Soney 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.