(1) PLACE OF BIRTH

County of Barnwell

Township of St. Paul

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.) (No. ..... St.; ..... Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30857

Registration District No. 1311 Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Hermin M. Fludd If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Girl

(4) Twin or Triplet: Twin

(5) Number in order of birth: 1

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: Sept. 1 1915 (Name of Month) (Day) (Year)

In be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME: Madison Fludd

(9) PRESENT POSTOFFICE OF FATHER: St Paul S.C.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: Barnwell Co

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 4

MOTHER

(14) NAME BEFORE MARRIAGE: Daisy Braddford

(15) PRESENT POSTOFFICE OF MOTHER: St Paul S.C.

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 29 (Years)

(18) BIRTHPLACE: Barnwell Co

(19) OCCUPATION: House wife

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barbara X Smith
(24) State whether Physician or Midwife Address of Physician or Midwife

Given name added from a supplemental report
..... 19..
..... Registrar

(26) Witness J. King Jr.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-6 1915 (28) J. Murphy
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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Form No. 10.

WHEN TWINS, OR TRIPLETS, OR MORE, ARE BORN, USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, Columbia