

MARGIN RESERVED FOR BINDING.

FORM NO. 6

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Glassey

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.)

(2) Full Name of Child Hendrix Rector Plumbly

(3) BOY OR GIRL? boy

(4) Twin or Triplet? 1

To be answered only in case of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov 30

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Plumbly

(9) PRESENT POSTOFFICE OF FATHER Landrum #2

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 41

(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Will

(15) PRESENT POSTOFFICE OF MOTHER Landrum

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(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 alive at 4 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. E. Moore

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

Given name added from a supplemental report

7/11/42 191

M. T. Woodward

Registrar

(26) Witness

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

(27) Filed Dec 3, 1916

(28) G. O. Phillips

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85802

Registration District No. 2208 Registered No.

(For use of Local Registrar)

St.; Ward

If child is not yet named, make supplemental report as directed