

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
56087

County of Lancaster
Township of Grove

Inc. Town of Registration District No. 2210 Registered No. 2
(For use of Local Registrar)

City of (No. St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Samuel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is designated only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 2nd 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>John Samuel</u>		(14) NAME BEFORE MARRIAGE <u>Lula White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Piedmont S.C.</u>		(18) BIRTHPLACE <u>Piedmont S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Thirteen</u>		(21) Number of children of this mother now living, including present birth <u>11</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 9 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed May 1 1916 (28) S. A. ... 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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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.
Caw. of Columbia.

FORM NO. 10.

McCaw