

CERTIFICATE OF BIRTH

File No. — For State Registrar Only
59641

(1) PLACE OF BIRTH
County of Darlington
Township of Philadelphia

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

Inc. Town of Registration District No. 1509 Registered No.
(For use of Local Registrar)
City of (No. Sl.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? L (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH April 15 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cecil Samsbury

(9) PRESENT POSTOFFICE OF FATHER Dummoorville Road

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Darlington Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Elizabeth Jordan

(15) PRESENT POSTOFFICE OF MOTHER Dummoorville Road

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Darlington Co. S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. Foster (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) FILED 5-18-16 (28) T. B. Wilkes 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.

FORM NO. 2. MARRIAGE RECORDS AND BIRTH RECORDS. WITH UNFOLDING END—THIS IS A PERMANENT RECORD. M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THIS OTHER, NO. 2, etc., in question 5.

McCauley of Columbia.