

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH INK, IN CAPITAL LETTERS. THIS IS A PRELIMINARY RECORD.  
IN CASE OF TWINS OR TRIPLETS, GIVE SEPARATE RECORD FOR EACH CHILD, AND MARK THE  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Wm.burg  
Township of Hopk.  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

79628

Registration District No. 4301 Registered No. 321  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurson Footman (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. 5, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Footman

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

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE Wm.burg Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Currie Matthews

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

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE Wm.burg Co.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dinah Nelson

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

Given name added from a supplemental report

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

19 Registrar

(27) Filed Sept 8, 1916 (28) C. O. Taylor, M.D. 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.