

Form No 1.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH :
County of Darlington STATE OF SOUTH CAROLINA.
Township of Lynch Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

46200

Inc. Town of Registration District No. 1576 Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Harbert Sidney Humphreys Birth 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 14 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom D. Humphreys

(9) PRESENT POSTOFFICE OF FATHER Sumner S.C. #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Howell

(15) PRESENT POSTOFFICE OF MOTHER Sumner S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE Darlington Co.

(19) OCCUPATION Housekeeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 6 days at 9 P. on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) R. B. State

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

Given name added from a supplemental report

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

(27) Filed Jan. 1916 (28) R. M. Jones
Registrar 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.

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.