

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 K. 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 8.
 McCaw, of Columbia.

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

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Simsboro
 or
 Inc. Town of City
 or
 City of Gaffney (No. 10 a Registration District No. 10 a Registered No. 2
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Robert Thomas Humphries If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
45634

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Single</u> <small>In be reported only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Erady Humphries</u>		(14) NAME BEFORE MARRIAGE <u>Sallie Ross</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S. C.</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>		(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Cherokee County, S.C.</u>		(18) BIRTHPLACE <u>Cherokee Co.</u>		
(13) OCCUPATION <u>Cotton Weigher</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Prosser
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
M. E. H. R. 1916
Erady Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 1/2 1916 (28) J. H. Prosser 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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