

(1) PLACE OF BIRTH

County of Kershaw
 Township of Flat Rock

CERTIFICATE OF BIRTH

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

File No. 1171 For State Registrar Only

Inc. Town of Registration District No. 2902 Registered No. 85
 or (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Aug. 16, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hampton E. Cuyton</u>			(14) NAME BEFORE MARRIAGE <u>Lula Vincent</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wright Spring R4</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wright Spring R4</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Lancaster Co.</u>			(18) BIRTHPLACE <u>Kershaw Co.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>5</u>			(21) Number of children of this mother now living, including present birth { <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Manda X. Falsenberry
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mdwr Wright Spring R4

Given name added from a supplemental report

(26) Witness J. H. Barfield
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 109 1916 (28) J. H. Barfield
 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.

McCaw, of Columbia.