

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

84647

Registration District No. 9HRegistered No. 1275

(For use of Local Registrar)

St.; 4 Ward(2) Full Name of Child Robert Henry Jr.

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 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Oct 16 1916

FATHER.

(8) FULL NAME

Robert Henry Sr.

(9) PRESENT POSTOFFICE OF FATHER

Charleston(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY

(Years) 26

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Lawyer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily H. Hines

(15) PRESENT POSTOFFICE OF MOTHER

Charleston(16) COLOR OR RACE Caucasian

(17) AGE AT LAST BIRTHDAY

(Years) 21

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Porter Street

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11/17/16

(28)

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

reported as stillborn, stillborn, etc., should make this return. If in month of pregnancy.

Registrar

Filed 11/24/16

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.

Cav. of Columbia