

## (1) PLACE OF BIRTH

County of Greenwood  
 Township of Giddell

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  
 64695

Registration District No. 2315 Registered No. 29  
 (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. Ormonde Manly Talbert } 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 June 24 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Barton P. Talbert

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43  
(Years)

(12) BIRTHPLACE Aiken Co.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Jones

(15) PRESENT POSTOFFICE OF MOTHER McCormick

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE Edgefield Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Dr. R. J. Fuller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife McCormick 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 July 8 1916 (28) E. H. Mosley 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.