

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

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

(2) Full Name of Child

File No.—For State Registrar Only

90073

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

2206

Registered No.

141

(For use of Local Registrar)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

✓

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 3

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Randolph Bobb

(9) PRESENT POSTOFFICE OF FATHER

Ft Inn S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Greenville Co.

(13) OCCUPATION

Farming.

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Liggie Lee Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Fountain Inn S.C.R.3.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Greenville Co.

(19) OCCUPATION

Housework.

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated.

(23) (Signature)

J. A. Thomason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Ft Inn S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Jan 10 1917

(28)

J. B. Dickett

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, or other person must report as stillborn before the a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.