

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

File No. — For State Registrar Only  
 71279

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of Hanesville Registration District No. 307 Registered No. 100  
 or  
 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 Thomas P. Pinkney Tubman { 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 Aug. 5 1914  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert A. Tubman

(14) NAME BEFORE MARRIAGE Mathie Stone

(9) PRESENT POSTOFFICE OF FATHER Hanesville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Hanesville S.C.

(12) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Anderson Co.

(18) BIRTHPLACE Franklin Co. Ga.

(13) OCCUPATION Mill hand

(19) OCCUPATION Domestic

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live at 8:45 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. W. Stone  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Hanesville 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 Aug 6 1914 (28) L. A. Williams 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.

WHERE NECESSARY USE READING INSTRUMENTS IN A PERMANENT RECORD.  
 N. B.—In cases of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.