

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 *Laura Ann Rimer*File No.—For State Registrar Only
66051

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *3800*Registered No. *57*

(For use of Local Registrar)

(3) ~~Male or~~
GIRL? *girl*(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? *yes*(7) DATE OF
BIRTH *June 11*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Philip Rimer*(9) PRESENT
POSTOFFICE
OF FATHER *13lytheewood se*(10) COLOR
OR
RACE *White*(11) AGE AT LAST
BIRTHDAY *31*

(Years)

(12) BIRTHPLACE *Richland Co SC*(13) OCCUPATION *Farmer*(20) Number of children born to
mother, including present birth*4*(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 *born alive* *110* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Laura Shannon*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *lytheewood se*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) File No. *June 13, 1916*

(28)

W. A. McLean
Local RegistrarWhen 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.STAMPS REMOVED 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 8.
State of Columbia