

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

63036

County of *Anderson*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Martins*Inc. Town of
orRegistration District No. *309*Registered No.
(For use of Local Registrar)City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)(2) Full Name of Child *R. T. Ashley* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>-</i>	(5) Number in order of birth <i>4th</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 22, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <i>Thos. J. Ashley</i>	(14) NAME BEFORE MARRIAGE <i>Allice May McLean</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Home Path SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Home Path SC</i>
(10) COLOR OR RACE <i>White</i>	(16) COLOR OR RACE <i>white</i>
(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)
(12) BIRTHPLACE <i>Anderson Co</i>	(18) BIRTHPLACE <i>Anderson Co</i>
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>Four</i>	(21) Number of children of this mother now living, including present birth <i>Four</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *B. alive*, at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *N. M. P. R. R.*

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

Physician Home Path SC

Given name added from a supplemental report

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

(27) Filed *30* 1916 (28) *R. P. Robinson* 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.

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FORM NO. 2. MARLIN REGISTRY FOR BURNING. WHEN PLACED WITH THE REGISTRY 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.