

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63036

County of Anderson
 Township of Martins
 Inc. Town of _____ or _____
 Registration District No. 309 Registered No. _____
 (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 R. T. Ashley } 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 1st (6) Are Parents Married? Y (7) DATE OF BIRTH June 27 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Thos J Ashley
 (9) PRESENT POSTOFFICE OF FATHER Home Path SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Four

MOTHER.
 (14) NAME BEFORE MARRIAGE Alice May McLean
 (15) PRESENT POSTOFFICE OF MOTHER Home Path SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Four

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. Peab
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Home Path SC

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 5-30 1916 (28) R. P. Robinson Local Registrar

FORM NO. 8. STATISTICAL REGISTRATION FOR BIRTHS, DEATHS, AND MARRIAGES. WHERE FEES ARE CHARGED THERE IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the MOTHER of each child. FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

*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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