

(1) PLACE OF BIRTH

County of WilliamsonTownship of Andersonor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79618

Registration District No. 4302

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

O. L. Freeman

(9) PRESENT POSTOFFICE OF FATHER

Iris

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Id

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sally Lisdale

(15) PRESENT POSTOFFICE OF MOTHER

Iris

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Id

(19) OCCUPATION

Domestic

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

11

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Porter

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 9 23 1916

(25)

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.