

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.

Caw. of Columbia

## (1) PLACE OF BIRTH

County of

Horry  
green see

Township of

Inc. Town of

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

43279

Registration District No. 2506

Registered No. 96  
(For use of Local Registrar)

## 2) Full Name of Child

Lemora Bell Pittman

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

(3) BOY OR GIRL? ☒ GIRL

(4) Twin or Triplet?

(5) Number in order of birth

9

(6) Are Parents Married? ☒ YES

(7) DATE OF BIRTH

Dec 7

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

D B Pittman

(9) PRESENT POSTOFFICE OF FATHER

Yakov St

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Polson co Mo

(13) OCCUPATION

Farming

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Small

(15) PRESENT POSTOFFICE OF MOTHER

Yakov St

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Horry co Mo

(19) OCCUPATION

(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 11:20 at P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife Salina G

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 13 1915

(28)

S D Bryant

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.

fifth month of pregnancy.