CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 87723 — For State Registrar Only

(1) PLACE OF BIRTH
County of Union
Township of Cantey
or
Inc. Town of Lockhart Registration District No. 4749 Registered No. 92
or
City of ..... (No. ..... St.; ..... Ward)
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irma Laverne Underwood — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth 4
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Nov. 14 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Boyd B. Underwood	(14) NAME BEFORE MARRIAGE Bernie Mae
(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.	(15) PRESENT POSTOFFICE OF MOTHER Lockhart S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Spartanburg S.C.	(18) BIRTHPLACE Union S.C.
(13) OCCUPATION Mill operative	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Brockman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lockhart S.C.

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 Dec. 5 1916 (28) D. G. Gallman
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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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.

MARGE, PRESSES FOR BINDING.
WHITE PLATELET, WITH UNFADING INK—THIS IS A PERMANENT RECORD.