

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

79734

(1) PLACE OF BIRTH
 County of York

Township of

or
 Inc. Town of Rocky Hillor
 City of

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

Registration District No. 44B Registered No. 139
 (For use of Local Registrar)(2) Full Name of Child. Not named (Seal) { If child is not yet named, make supplemental report as directed

(3) SEX OR GILL? <u>Male</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth.	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 8 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER: <u>De Groot</u>	MOTHER: <u>Edith De Groot</u>
FULL NAME <u>Michael De Groot</u>	NAME BEFORE MARRIAGE <u>Edith De Groot</u>

PRESENT POSTOFFICE OF FATHER <u>R. H. De Groot</u>	PRESENT POSTOFFICE OF MOTHER <u>R. H. De Groot</u>
(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(12) AGE AT LAST BIRTHDAY <u>42</u> (Years)

COLOR OR RACE <u>negro</u>	COLOR OR RACE <u>negro</u>
BIRTHPLACE <u>S.C.</u>	BIRTHPLACE <u>S.C.</u>

OCCUPATION <u>Farm Laborer</u>	OCCUPATION <u>Labore</u>
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(13) Number of children born to mother, including present birth { <u>4</u>	(14) Number of children of this mother now living, including present birth { <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(15) I hereby certify that I attended the birth of this child, who was alive, at 2A M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Carlton Stubb (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Extra name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
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191	(27) Filed <u>8/9/1916</u> (28) <u>J. R. Miller</u> Local Registrar
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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.