

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

OR  
Inc. Town of .....OR  
City of Georgetown

(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 HealthFile No. — For State Registrar Only  
**64891**Registration District No. 2-16 Registered No. 48  
(For use of Local Registrar)(2) Full Name of Child. George La Bruce Tamplet

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 2<sup>nd</sup> (6) Are Parents Married? Y (7) DATE OF BIRTH June 4 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Charles Tamplet(9) PRESENT POSTOFFICE OF FATHER Georgetown - S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Georgetown - S.C.(13) OCCUPATION Captain - W. S. Dodge(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Pauline La Bruce(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Plantersville - Georgetown Co - S.C.(19) OCCUPATION Housekeeping -(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:05 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. S. McCallan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown - 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) Filled June 4 1916 (28) W. S. McCallan 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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