

Form No. 1

(1) PLACE OF BIRTH

County of M. Cornick  
Township of Bordewy  
OF  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15010

Registration District No. 4500 Registered No. 19  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Otto Therman child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH March 10, 1923  
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Hampton Therman

9 PRESENT POSTOFFICE OF FATHER M. Cornick

10 COLOR OR RACE Blk. (11) AGE AT LAST BIRTHDAY 20  
(Years)

12 BIRTHPLACE W. Va.

13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Mae Letman

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY .....  
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. C. Galbert  
(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 April 10, 1923 (28) P. A. Mathias 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

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