

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
84407

Registration District No. 504 Registered No. 93
 (For use of Local Registrar)

(2) Full Name of Child. Henry Asthma } If child is not yet named, make supplemental report as directed

(3) BOY Boy (4) ~~Twin~~ Boy or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 16, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Asthma
 (9) PRESENT POSTOFFICE Blackville, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Five

MOTHER.
 (14) NAME BEFORE MARRIAGE Martha Kennedy
 (15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Sarah Hammond, Midwife
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackville, S.C.

Given name added from a supplemental report
 191.....

 Registrar

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

(27) Filed Nov. 19, 1916 (28) C. S. Hammond 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.

MACHINERY RESERVED FOR BINDING. THESE TABLES WHEN 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.