

NOTE.—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.

(1) PLACE OF BIRTH County of <u>Barnwell</u> Township of <u>Blackville</u> or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <u>84407</u>	
(2) Full Name of Child. <u>Thelma Henry Asthma</u>		Registration District No. <u>504</u>		Registered No. <u>93</u> (For use of Local Registrar)	
(3) BOY <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 16</u> 191 <u>6</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Sam Asthma</u>			(14) NAME BEFORE MARRIAGE <u>Martha Kennedy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blackville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Blackville, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>_____</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sarah Hammond</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Blackville, S.C.</u>					
Given name added from a supplemental report			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)		
191.... Registrar			(27) Filed <u>Nov. 19, 1916</u> (28) <u>C. S. Hammond</u> 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.