

Form No 1.

(1) PLACE OF BIRTH

County of Galveston STATE OF SOUTH CAROLINA

Township of Levinworth Bureau of Vital Statistics

or Inc. Town of Registration District 0.5

or City of Registered No.

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

(2) Full Name of Child Robert Edwin

File No.—For State Registrar Only
45999

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number of children of same parents 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Edwin

(9) PRESENT POSTOFFICE OF FATHER Dall

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Dall

(13) OCCUPATION Housewife

(14) NAME BEFORE MARRIAGE Annie Lewis

(15) PRESENT POSTOFFICE OF MOTHER Dall

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Dall

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 11 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Edwin

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Levinworth Co

Given name added from supplemental report

(26) Witness E. C. Early (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan. 11 1916 (28) E. C. Early Local Registrar

*When there was no physician or midwife, then the father, householder, etc., should make this return. If a child breathes and is not 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 2.
Caw. of Columbia