

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child Robert Lee

File No. For State Registrar Only  
45782

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1127 Registered No. 2

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Jan. 8, 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME (9) PRESENT POSTOFFICE OF FATHER (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years) (12) BIRTHPLACE (13) OCCUPATION (14) NAME BEFORE MARRIAGE Mary Halmer (15) PRESENT POSTOFFICE OF MOTHER Fort Lawn SC (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years) (18) BIRTHPLACE Chester Co SC (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. L. G. M. C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. P. Anderson (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11.8.1916 (28) R. T. Varnadore 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.

FIRST-BORN N. No. 1. THE OTHER. No. 2, etc., in question 5.

Caw. of Columbia

Form 10, 1916

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