

(1) PLACE OF BIRTH
 County of Chester
 Township of Ross
 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
45782

Registration District No. 11.2.7 Registered No. 2
 (For use of Local Registrar)
 Sl.; Ward)
 (If birth occurs in a hospital (No. other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan. 8, 1916</u> (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 <u>Mary Halmer</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Lown SC</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY (Years) <u>19</u>
(18) BIRTHPLACE	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>	(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) <u>E. H. G. G. G.</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife		

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

(26) Witness H. P. Anderson
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1.8.1916 (28) R. T. Vanadue
 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.

Form No. 19
 PRINTED IN THE STATE OF SOUTH CAROLINA
 FIRST-BORN N. No. 1. THE OTHER. No. 2. etc. in question 5.
 If there are twins or triplets use a SEPARATE BLANK for each child, and mark the