

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
Township of St. Stephens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63260

Inc. Town of
or

Registration District No.

705

Registered No.

311

City of

(No.

(For use of Local Registrar)

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

(2) Full Name of Child Walter Humbert

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18</u> 191 <u>6</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Humbert(9) PRESENT POSTOFFICE OF FATHER St. Stephens, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Railroad work(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Edna P. Kane(15) PRESENT POSTOFFICE OF MOTHER St. Stephens, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie X. Drost(24) State whether Physician or Midwife Midwife Address of Physician or Midwife St. Stephens, S.C.

Given name added from a supplemental report

(26) Witness P. M. Boykin

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

Filed

June 27, 1916

(28)

P. M. Boykin

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.

WRITE PLAINLY, WITH FADING INK.—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and also the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia