

(1) PLACE OF BIRTH
County of Bethesda
Township of Bethesda

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20508

Inc. Town of Registration District No. 4401 Registered No. 47
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child. Charles Bentley Combs If child is not yet named, make supplemental report as directed

3) SEX OR CHILD? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 4, 1912
(Same of Month) (Day) (Year)

FATHER.

4) FULL NAME Chas B Combs

5) PRESENT POSTOFFICE OR RESIDENCE M^o Comelleville S.C.

6) COLOR White (11) AGE AT LAST BIRTHDAY 42
(Years)

7) BIRTHPLACE S.C.

8) OCCUPATION Farmer

9) Number of children born to father, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Kidd

(15) PRESENT POSTOFFICE OF MOTHER M^o Comelleville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. C. Whitener, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M^o M^o Comelleville S.C.

Given name added from a supplemental report

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

(27) Filed June 5, 1912 (28) L. H. Love 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.

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