

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 2 1916*
To be answered only in case of twins or triplets. (Name of Month, Day, Year)

FATHER
 (8) FULL NAME *Sam Pomton*
 (9) PRESENT POSTOFFICE OF FATHER *Ulmers S.C.*
 (10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *30*
(Years)
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farm Laborer*
 (20) Number of children born to mother, including present birth *4*

MOTHER
 (14) NAME BEFORE MARRIAGE *Cora Hays*
 (15) PRESENT POSTOFFICE OF MOTHER *Ulmers S.C.*
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *26*
(Years)
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Farm Laborer*
 (21) Number of children of this mother now living including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Lomax Hays*
 (24) State whether physician or midwife *midwife* (25) Address of physician or midwife *Ulmers S.C.*

Given name added from a supplemental report

(26) Witness *J. H. Bryant*
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 23 1916* (28) *Thompson*
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 birth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

84355

Registration District No. *570*Registered No. *43*

(For use of Local Registrar)

St. *43* Ward