

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

77447

Inc. Town of Registration District No. 24.00 Registered No. 49
(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 Rubie Capers { 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 1 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robt Capers
(9) PRESENT POSTOFFICE OF FATHER Estill S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 2

MOTHER.
(14) NAME BEFORE MARRIAGE Winnie Williams
(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE Hampton Co
(19) OCCUPATION Home Wife
(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 born alive P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rubie Capers
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report

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

(27) Filed 9.14 1916 (28) H. E. Dickinson
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

And—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.