

(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. 4.00 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
To be answered only in event of Twins or Triplets
(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 Minnie 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

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

(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. VARIOUS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—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. McCay of Columbia.