

MARGIN RESERVED FOR BINDING
 WRITE 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.

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

(1) PLACE OF BIRTH
 County of Union S.C.
 Township of Union S.C.
 or
 Inc. Town of Union Registration District No. 42-1 Registered No. 157
 or
 City of Union (No. 7 Church) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
83712

(2) Full Name of Child Infant Ed. E. North Humphris } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 16, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ed. Humphris

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Darlington

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE North Humphris

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 48 (Years)

(18) BIRTHPLACE Darlington S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was premature at 7:00 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) C. P. Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

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 Oct 20, 1916 (28) D. G. Sarrott 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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