

(1) PLACE OF BIRTH

County of Lee
 Township of Lynchburg
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90709

Registration District No. 3002 Registered No. 173
 (For use of Local Registrar)

(2) Full Name of Child Robert Michel Herrington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 27 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Willie Herrington
 (9) PRESENT POSTOFFICE OF FATHER Atkins S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (Years)
 (12) BIRTHPLACE Lee Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Sallie Logan
 (15) PRESENT POSTOFFICE OF MOTHER Atkins S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
 (Years)
 (18) BIRTHPLACE Sumter Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mariah Anderson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Atkins 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 12/30 1916 (28) J. F. McIntosh 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.

REG. OF COLUMBIA, COLUMBIA, S. C.