Form No. 1

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.

McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75084

(1) PLACE OF BIRTH

County of Yonkers Burg

Township of Hope

or
Inc. Town of ..... Registration District No. 4301 Registered No. 313
(For use of Local Reistrar)
or
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. Herbert Livingston Herring — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	—	—	Yes	Aug 10th 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Stephen Herring	(14) NAME BEFORE MARRIAGE Venetia Whack
(9) PRESENT POSTOFFICE OF FATHER Guelphville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Guelphville S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE N.C.	(18) BIRTHPLACE Yonkers Burg Co. S.C.
(13) OCCUPATION Sawmill Laborer	(19) OCCUPATION Housework
(20) Number of children born to mother, including present birth Eight	(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Polly Bradshaw

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Guelphville 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 Aug 31 1916 (28) E. A. Taylor M.D.
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.