

**CERTIFICATE OF BIRTH**

County of Lancaster  
 Township of Pleasant Hill  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

File No.—For State Registrar Only  
**77801**

Registration District No. 2806 Registered No. 91  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 2  
 To be answered only in case of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 18 1916  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Pete Twitty</u>	(14) NAME BEFORE MARRIAGE <u>Lula Dixon</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Heath Springs S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>R.F.D. #2</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Lancaster County, S.C.</u>	(18) BIRTHPLACE <u>Kershaw County, S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J.R. Bell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kershaw 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 Oct 7 1916 (28) Ed F. Hammond 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.

LABELS RESERVED FOR BONDING.  
 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.