Registration Dist. No. 204 — **STANDARD CERTIFICATE OF LIVE BIRTH** — 16 092905

Division of Vital Statistics—State Board of Health
State of South Carolina

Registrar's No. ..... State File No. 00-009871

1. PLACE OF BIRTH
(a) County Aiken
(b) City or town Vaucluse (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ..... (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution ..... In this community ..... (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER
(a) State S.C.
(b) County Aiken
(c) City or town Vaucluse (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural, give location)

3. Full name of child ROBERT MILTON DENNY — If child not yet named, leave blank

4. Sex: Male | 5. Twin or triplet ..... If so—born 1st, 2d, or 3d ..... | 6. Number months of pregnancy ..... | 7. Date of birth April 4, 1916 (Month) (Day) (Year)

FATHER OF CHILD
8. Full name David Whitfield Denny
9. Color or race W 10. Age at time of this birth 42 yrs.
11. Birthplace Edgefield, S.C. (City, town, or County) (State or foreign country)
12. Usual occupation Overseer
13. Industry or business Mill

MOTHER OF CHILD
14. Full maiden name Bessie Wilson
15. Color or race W 16. Age at time of this birth 39 yrs.
17. Birthplace Lexington, S.C. (City, town, or County) (State or foreign country)
18. Usual occupation Housewife
19. Industry or business .....

20. Children born to this mother:
(a) How many other children of this mother are now living? 9
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

21. Mother's mailing address for registration notice:
Vaucluse, S.C.

22. Were drops put in baby's eyes? ..... (Yes or no)
Exact time ..... (Name of prophylactic)

23. Was prenatal blood test for syphilis made? ..... (Yes or no)
Date of test ..... (Name of laboratory)

24. Congenital deformities? ..... (Yes or no) If yes, describe .....

25. Birth injury? ..... (Yes or no) If yes, describe .....

26. Weight at birth ..... lbs. ..... oz.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 4 a ..... m. on the date above stated.

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

Give name added from a supplementary report ..... (Date of)

..... State Registrar

(Signed) Bessie W Denny, Parent
or ....., ~~Guardian~~
Address 2817 River Drive
Filed 1-3, 19 51 Thos. P. Lesesne Local Registrar

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