

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Broad River

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54155

Registration District No. 405Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Henry Hood Lattimore

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Carson Lattimore(9) PRESENT POSTOFFICE OF FATHER Hickory Grove S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmed(20) Number of children born to mother, including present birth { 3 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Mable Lattimore Beard(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 3 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10-15 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Hood M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hickory Grove S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 18 1916 (28) 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.

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