

Form No. 1

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

File No. For State Registrar Only

71121

(1) PLACE OF BIRTH
 County of Richland
 Township of Ch. 9
 or
 Inc. Town of Registration District No. 309 Registered No. 30
 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 Lelia Mae Tallman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Tallman
 (9) PRESENT POSTOFFICE OF FATHER Salley - S/C
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE S/C
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth { 6 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Williams
 (15) PRESENT POSTOFFICE OF MOTHER Salley - S/C
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S/C
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth { 6 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lelia Clemons
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Salley - S/C

Given name added from a supplemental report

(26) Witness D. C. Jones
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 17 1916 (28) D. C. Jones 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 INDEXING. WAITER'S COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 QUESTIONS 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28.