

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of

Township of

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.)

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

47995

Registration District No. 345 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child Robert Witherspoon Price

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? c

To be answered only in case of twins or triplets

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 11, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. H. Price

(9) PRESENT POSTOFFICE OF FATHER Jonesville S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 44

(Years)

(12) BIRTHPLACE Anderson Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Johnnie F. Smith

(15) PRESENT POSTOFFICE OF MOTHER Jonesville S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) R. H. Witherspoon, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 9, 1916

(28)

R. H. Witherspoon, 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.

MAKING RECORDS AND IN THE BIRTHING.

WITH PLAIN. WITH UNPAIDING INK—THIS IS A PRESENTATION RECORD.

N. H.—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.

MADE OF COLUMBIA