

(1) PLACE OF BIRTH
 County of Lexington
 Township of Saluda

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

File No.—For State Registrar Only
69425

Inc. Town of Registration District No. 3111 Registered No. 26
 (For use of Local Registrar)
 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 Cocles Suber 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 July 14, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Suber
 (9) PRESENT POSTOFFICE OF FATHER Chapin S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Newberry S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Lybrand
 (15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Lexington C. S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother new 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 at 10 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Lybrand Chapin S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed July 17, 1916 (28) Sidney Pulmer 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 REMARKS FOR THE RECORD.
 WRITES PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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.