

(1) PLACE OF BIRTH

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48469

Registration District No. 1002 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Is he supposed to be a twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 2, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Bates Asmus

(9) PRESENT POSTOFFICE OF FATHER

Laffrey, S.C. R. 6

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE

Cherokee Co., S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Gail Virginia Milner

(15) PRESENT POSTOFFICE OF MOTHER

Laffrey, S.C. R. 6

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE

Cherokee Co., S.C.

(19) OCCUPATION

Housewife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

A. L. Little, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Williamsville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed

Feb. 2, 1916

(28)

A. L. Little, M.D.

Local Registrar

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.

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