(1) PLACE OF BIRTH

County of Greenwood

Township of Kinard

or

Inc. Town of Dixon

or

City of S.C.

(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
64660

Registration District No. 2308 Registered No. 8
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 6, 1916 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Lump Pane

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

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Greenwood Co.

(13) OCCUPATION Farmhand

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Effie Sanders

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

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Greenwood Co. S.C.

(19) OCCUPATION Farmhand

(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 alive at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) ~~(Signature)~~ .....

(24) State ~~whether~~ Physician or ~~Midwife~~ (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed June 7 1916 (28) H. S. Sligh 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.

Form No. 10. 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.