

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

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

54127

Registration District No. 441 B Registered No. 60  
 (For use of Local Registrar)  
 (No. Johnson 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 Robert Hyde Creech Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Mar. 24, 1916  
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Robert Hyde Creech (14) NAME BEFORE MARRIAGE Rosa Mahon

(9) PRESENT POSTOFFICE OF FATHER Round Hill (15) PRESENT POSTOFFICE OF MOTHER R. H.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22  
 (Years) (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Son

(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 at 3 P. 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

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Registrar

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

(27) Filed 4/8/1916 (28) J. R. Mule 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.

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McCa. of Columbia  
 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.  
 WITH UNLAWFUL MARRIAGE—THIS IS A PERMANENT RECORD.