

(1) PLACE OF BIRTH

County of SaludaTownship of No. 1or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child H. T. Tolin(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. T. Tolin(9) PRESENT POSTOFFICE OF FATHER Lusville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Saluda Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Tolin(15) PRESENT POSTOFFICE OF MOTHER Lusville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Saluda(19) OCCUPATION House Wife(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 10:25 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Herman Myers(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lusville S.C.

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 1 1916 (28) Geo. T. Estess 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.

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. Saw of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50345

Registration District No. 399-B Registered No. 13

(For use of Local Registrar)

St.; Ward)

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