

(1) PLACE OF BIRTH
County of Hershaw
Township of De Kalb
or
Inc. Town of
or
City of (No. St.; Ward)
(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

64924

Registration District No. 2701 Registered No. 125
(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	(4) Twin or Triplet? <small>(To be answered only in case of Twins or Triplets)</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <small>(Name of Month) (Day) (Year)</small>
<u>Boy</u>			<u>Yes</u>	<u>June 28, 1916</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Levi Fletcher</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Ballard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Camden S.C. #12</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Camden</u>	
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	
(12) BIRTHPLACE <u>Hershaw Co</u>			(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>Hershaw Co</u>	
(19) OCCUPATION <u>Housewife</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	
(20) Number of children born to mother, including present birth <u>Five</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. B. Gibson

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

Physician Camden S.C.

Given name added from a supplemental report

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

(27) June 29, 1916 (28) W. B. Gibson 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.

McGraw, of Columbia