

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Township of Campobello Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
66212

Inc. Town of Registration District No. 4001-a Registered No. 44
 (For use of Local Registrar)
 City of (No. 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 Hines { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME L. K. Hines
 (9) PRESENT POSTOFFICE OF FATHER Campobello
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Elise Morrow
 (15) PRESENT POSTOFFICE OF MOTHER Campobello
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:20 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas Paul Mason

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys | Campobello

Given name added from a supplemental report

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

(27) Filed July 6, 1916 (28) C. L. Maskey 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 REGISTERED FOR BIRTH
 STATE BOARD OF HEALTH
 COLUMBIA, S. C.