

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Hubert

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**72583**

Inc. Town of ..... Registration District No. 1815 Registered No. 7  
 (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 Lee { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 9, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Nose George Rawlin  
 (9) PRESENT POSTOFFICE OF FATHER Phum Branch  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE Greenwood Co SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth three

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Carrie Georgin Borden  
 (15) PRESENT POSTOFFICE OF MOTHER Phum Branch SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Essexfield Co SC  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Adams, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phum Branch SC

Given name added from a supplemental report  
 ....., 191.....  
 ....., 191.....  
 Registrar

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

(27) Filed Aug. 9, 1916 (28) J. D. Hughes 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.  
 Cav. of Columbia.