

(1) PLACE OF BIRTH

County of Union

Township of Pinkney

or
Inc. Town of

or
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 Samuel Holcombe Farr

(3) BOY OR
GIRL? boy

(4) Twin
or Triplet? X

(5) Number in
order of birth
X

(6) Are
Parents
Married? yes

(7) DATE OF
BIRTH June 16
(Name of Month) (Day) (Year)

MOTHER

(8) FULL
NAME William Farr

(9) PRESENT
POSTOFFICE
OF FATHER Kelton, S. C.

(10) COLOR
OR
RACE white

(11) AGE AT LAST
BIRTHDAY 4 5
(Years)

(12) BIRTHPLACE Union Co Pinkney S C

(13) OCCUPATION Farming

(20) Number of children born to
mother, including present birth Twelve

(14) NAME BEFORE
MARRIAGE Mary Emma Holcombe

(15) PRESENT
POSTOFFICE
OF MOTHER Kelton, S. C.

(16) COLOR
OR
RACE white

(17) AGE AT LAST
BIRTHDAY 39
(Years)

(18) BIRTHPLACE Union Co Kelton S C

(19) OCCUPATION Domestic

(21) Number of children of this mother
now living, including present birth Ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Hoke

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union S C

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed June 18 1914

(28)

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.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66534

Registration District No. 4205 Registered No. 40
(For use of Local Registrar)

St. Ward

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