

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

73516

## (1) PLACE OF BIRTH

County of LeicesterTownship of Flak Creek

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.)

Registration District No. 2803Registered No. 15

(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? Boy(4) Twin or Triplet? 1(5) Number in order of birth ✓

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

June 27, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

J. C. Helms

(9) PRESENT POSTOFFICE OF FATHER

Kershaw SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 46

(Years)

(12) BIRTHPLACE

Michel Co. N. C.

(13) OCCUPATION

Cotton mill operative(20) Number of children born to mother, including present birth { 9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Bowles

(15) PRESENT POSTOFFICE OF MOTHER

Kershaw SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 38

(Years)

(18) BIRTHPLACE

Jamesville Ga

(19) OCCUPATION

Housewife(21) Number of children of this mother now living, including present birth { 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7-P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. P. Langan, M.D.

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

Kershaw SC

Given name added from a supplemental report

, 191

Registrar

(26) Witness

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

(27) Filled

75 1916

(28)

W. H. Langan  
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.  
McCaw, of Columbia.