

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Harwell
 or
 Inc. Town of Donald
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27

Registration District No. 105 Registered No. F
 (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 Truman Bobo If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Triplets (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 1925
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lambert Bobo
 (9) PRESENT RESIDENCE OF FATHER Donald
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (Year)
 (12) BIRTHPLACE Greenville Co.
 (13) OCCUPATION Barbering
 (14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Bobo
 (15) PRESENT RESIDENCE OF MOTHER Donalds, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE Greenville Co.
 (19) OCCUPATION Barbering
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed Feb 10 1925(28) Samuel Humphreys

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 ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 4

Bureau of Census, Columbia, S. C.