

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield

Township of Talbot

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45107

Registration District No. 1815 Registered No. 3

(For use of Local Registrar)

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 T B Talbot } 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 (5) Age Parent Married? Yes (7) DATE BIRTH Jan 4 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Talbot

(9) PRESENT POSTOFFICE OF FATHER Plum Branch

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Edgefield Co

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Ann Rice

(15) PRESENT POSTOFFICE OF MOTHER Plum Branch

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Edgefield Co

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) W. P. Culbreth, M.D.

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Jan 4 1916 (28) J. S. Hightower 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.

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.
Copy of Certificate