

## (1) PLACE OF BIRTH

County of Musconetcong

Township of .....

or  
Inc. Town of Carlisleor  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

92096

Registration District No. 1203Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child Lawrence Carlyle Bobb

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 19, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Ryerson Bobb(9) PRESENT POSTOFFICE OF FATHER Carlisle S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Barnwell Co., S.C.(13) OCCUPATION R.R. Agent(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Stone(15) PRESENT POSTOFFICE OF MOTHER Carlisle S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Newberry Co., S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## 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) R. N. Long

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

PhysicianCarlisle, S.C.

Given name added from a supplemental report

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

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Registrar

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

(27) Filed Jan 4, 1917 (28) R. N. Long 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.