

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73986

(1) PLACE OF BIRTH  
County of Newberry  
Township of .....

or  
Inc. Town of ..... Registration District No. 34-9 Registered No. 86  
or  
City of Newberry (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 Robert Harwood Corley 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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 28 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Robt. Corley  
(9) PRESENT POSTOFFICE OF FATHER Newberry sc.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION radio operator  
(20) Number of children born to mother, including present birth one

MOTHER.  
(14) NAME BEFORE MARRIAGE Nannal Ruskton  
(15) PRESENT POSTOFFICE OF MOTHER Newberry sc  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3.30 p.m. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) G. H. Oriskany

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry sc.

Given name added from a supplemental report

Tracy 1917

Tracy Registrar

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

(27) Filed Sept 9 1916 (28) S. S. Cunningham 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.