

(1) PLACE OF BIRTH

County of UnionTownship of Santuchor
Inc. Town ofor
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

79601

Registration District No. 4206 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child De Witt Hobson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept, 14, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Hobson(15) PRESENT POSTOFFICE OF MOTHER Santuch(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 18(18) BIRTHPLACE Santuch A.C.(19) OCCUPATION Farm & Housework(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 alive at 8:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Gregory(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Santuch A.C.

Given name added from a supplemental report

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Registrar

(26) Witness Ellen Hobson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/2 1916. (28) R. B. Jeter, Jr. 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.

PRINT PLAINLY WITH INKING LAY THIS IS A PERMANENT RECORD
 N.B.—In case of TWINS or TRIPLETS use SEPARATE BLANKS for each child and mark the
 McCaw or Columbia FIRST-BORN AND THE OTHERS IN ORDER.