

(1) PLACE OF BIRTH

County of LaurensTownship of side

or

Inc. Town of

or

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

15599

Registration District No. 2901Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>✓</u>	(7) DATE OF BIRTH <u>5-16-1912</u> <small>(Name of Month) (Day) (Year)</small>
FATHER			MOTHER	
(8) FULL NAME <u>Talmage Walter</u>			(14) NAME BEFORE MARRIAGE <u>Docia Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gray Court SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gray Court SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Laurens Co</u>			(18) BIRTHPLACE <u>Laurens Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1230 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. T. P. Roe(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Gray Court SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 8, 1912(28) N. C. Mahon

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.

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SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8.

N. McCaw, of Columbia.

Mother Only

Ward

Ward

d. make directed

22

Year

R 4

2-8

mi

P. M.

P. M.

Midwife

C.

1912

1912