

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
80903

(1) PLACE OF BIRTH
County of Chesterfield
Township of Reef Lee
or
Inc. Town of Registration District No. 1208 Registered No. 28
or
City of (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 Emanuel { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>May 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Harvey Emanuel

(9) PRESENT POSTOFFICE OF FATHER Society Hill, S.C.

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

(12) BIRTHPLACE Darlington

(13) OCCUPATION Farm hand

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

MOTHER.

(14) NAME BEFORE MARRIAGE Casey

(15) PRESENT POSTOFFICE OF MOTHER Society Hill, S.C.

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

(18) BIRTHPLACE Chesterfield Co

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. A. Taylor

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

Midwife Society Hill

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 Oct 1916 (28) D. J. Malheur 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.