

K O O D

FORM NO. 4 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. McCraw, of Columbia.

(1) PLACE OF BIRTH
County of Union
Township of Jonesville
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
87713

Registration District No. 4204 Registered No. 85
(For use of Local Registrar)

(2) Full Name of Child Reuben Lindsey Free } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? BOY GIRL (4) ~~Twin~~ or Triple? (5) Number in order of birth 1 (6) Are Parent Married? (7) DATE OF BIRTH Nov. 19 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME D. B. Free Jr.
(9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Union Co. S.C.
(13) OCCUPATION Farmers servant
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Helen Ann
(15) PRESENT POSTOFFICE OF MOTHER Jonesville, S.C.
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Union Co. S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) H. H. Lewis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Nov. 16th 1916 (28) L. N. Alexander 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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