

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

File No.—For State Registrar Only

(1) PLACE OF BIRTH

County of *Anderson*

Township of

Inc. Town of *Piedmont* Registration District No. *318*... Registered No. *2*
(For use of Local Registrar)

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 *Sue Ellen Hembree* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *girl* (4) Twin or triplet? (5) Number in order of birth *9* (6) Are Patent Married? *yes* (7) DATE OF BIRTH—*Jan. 9, 1916*
(Name of Month) (Day) (Year)
to be answered only in event of twins or triplets

FATHER.

MOTHER.

(8) FULL NAME *Benton Hembree*

(14) NAME BEFORE MARRIAGE *Servie M Davis*

(9) PRESENT POSTOFFICE OF FATHER *Piedmont S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Piedmont S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *40* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE *Anderson Co.*

(18) BIRTHPLACE *Anderson Co.*

(13) OCCUPATION *Mill Work*

(19) OCCUPATION *domestic*

(20) Number of children born to mother, including present birth *9*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5-05* A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. S. Richardson*

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

Physician Piedmont S.C.

Given name added from a supplemental report

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

..... 191.....
Registrar

(27) Filed *Jan. 15, 1916* (28) *J. J. Jewell* 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.

*BAPTIST REGISTERED FOR BIRTHING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.