

*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 Co.

Township of .....

or  
Inc. Town of Piedmontor  
City of .....Registration District No. 318... Registered No. 2  
 (For use of Local Registrar)(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 Lucy Eddies Hembree

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? to be answered only in event of twins or triplets	(5) Number in order of birth <u>9</u>	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH— <u>Jan. 9</u> , 191 <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(2) FULL NAME Benton Hembree(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Mill Work(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Lennie M. Davis(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Domestic(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) N. L. Richardson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Piedmont S.C.

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 Jan. 15, 1916 (28) J. H. 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.

RECORDS REMOVED FOR INDEXING.  
 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.  
 State of Columbia