

Form No. 1

(1) PLACE OF BIRTH
County of Lumbury
Township of King
or
Inc. Town of
or
City of (No. St.; Ward)
(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

47631

Registration District No. 4502 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child JAMES F. HERRING } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James F. Herring
(9) PRESENT POSTOFFICE OF FATHER Kingston
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Lumbury
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jena Herring
(15) PRESENT POSTOFFICE OF MOTHER Kingston
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Lumbury
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Thoby F. Herring
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife
Midwife Kingston

Given name added from a supplemental report

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Registrar

(26) Witness James F. Herring
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed ch 4 1916 (28) Dr. C. C. C. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M.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.

Caution of Columbia

MARGIN RESERVED FOR BINDING.