

MARGIN RESERVED FOR BINDING.
 BE 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.

Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of DeLeon

Township of Bethel

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

72460

Registration District No. 1606 Registered No. 78
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 26, 1912</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charlie Foyler</u>	(14) NAME BEFORE MARRIAGE <u>Lellie Bridges</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>DeLeon, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>DeLeon, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>
(12) BIRTHPLACE <u>DeLeon Co</u>	(18) BIRTHPLACE <u>DeLeon Co</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>10</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. Foyler

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

Physician

DeLeon Co.

Given name added from a supplemental report

191....

Registrar

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

(27) Aug 29 191 6 (28) L. B. Bridges
 Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.