

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 6.

(1) PLACE OF BIRTH

County of *Hampton*
 Township of *South*
 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

90271

Registration District No. *2400* Registered No. *148*
 (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 *Robert Thomas*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 1 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leach*
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE *Hampton Co*
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Canton Manw*
 (15) PRESENT POSTOFFICE OF MOTHER *Luray S.C.*
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *21*
 (18) BIRTHPLACE *Hampton Co*
 (19) OCCUPATION *Farm*
 (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 *9.0* P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. D. ...*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wendover Luray S.C.*

Given name added from a supplemental report

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

(27) Filed *Jan 10 1916* (28) *W. E. D. ...* Local Registrar.

*When there was no attending physician or midwife, when 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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