

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.

**(1) PLACE OF BIRTH**  
County of *Hampton*  
Township of *South*  
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.)

**(2) Full Name of Child** *Robert Thomas* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec 1 1916</i> (Name of Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <i>Leach</i>	(11) AGE AT LAST BIRTHDAY (Years)	(14) NAME BEFORE MARRIAGE <i>Anna Canton Manu</i>	(17) AGE AT LAST BIRTHDAY (Years)
(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE <i>negro</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Luray S.C.</i>	(16) COLOR OR RACE <i>negro</i>
(12) BIRTHPLACE <i>Hampton S.C.</i>	(13) OCCUPATION	(18) BIRTHPLACE <i>Hampton S.C.</i>	(19) OCCUPATION <i>Farm</i>
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth		

**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* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Abdell F. Cross*  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife  
*Midway Luray S.C.*

Given name added from a supplemental report

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

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