

Form No. 1.

(1) PLACE OF BIRTH
County of Greenville
Township of Hammer

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

77258

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.)

Registration District No. 2206 Registered No. 104
(For use of Local Registrar)

(2) Full Name of Child Minnie Ashmore } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 12 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wallace Ashmore</u>	(14) NAME BEFORE MARRIAGE <u>Don't know</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) L. L. Richardson, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Oct 10 1916 (28) W. B. Duckert 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

CAV-303 Columbia