

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkeley</u>		STATE OF SOUTH CAROLINA.		58846	
Township of <u>St. James South</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>704</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Samuel Thurman</u>		{		If child is not yet named, make supplemental report as directed.	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 21, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Herbert Thurman</u>			(14) NAME BEFORE MARRIAGE <u>Wy, Bennett</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Palmerville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Palmerville S.C.</u>		
(10) COLOR OR RACE <u>B</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>X</u> (Years)		
(12) BIRTHPLACE <u>Berkeley Co.</u>			(18) BIRTHPLACE <u>Berkeley Co.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(23) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>.....</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(24) (Signature) <u>Levernia Pinterney</u>					
(25) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Palmerville S.C.</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>June 5th 1916</u> (28) <u>D. O. Gamble</u> Local Registrar					
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.