

## (1) PLACE OF BIRTH

County of Union

Township of .....

Inc. Town of .....

City of Union

(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

66487

Registration District No. 42-ARegistered No. 74

(For use of Local Registrar)

(2) Full Name of Child Helen Panther

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(14) FULL NAME

B.G. Panther

(15) PRESENT POSTOFFICE OF FATHER

22 Williams St Union, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

Park Co. N.C.

(19) OCCUPATION

Mill Operative

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child on the date above stated.

(23) (Signature)

(24) State Whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianUnion 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) Filed June 9, 1916 (28)

Local Registrar

Columbia, S. C.

STATE HEALTH OFFICER

BEN F. WYMAN, M.D.