

(1) PLACE OF BIRTH

County of UnionTownship of FranklinInc. Town of UnionCity 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

75089

Registration District No. 205 Registered No. 48
(For use of Local Registrar)(2) Full Name of Child Willie Worthy { 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>Aug. 8, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Worthy(9) PRESENT POSTOFFICE OF FATHER Kelton S.C. Route 2(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lindley Hucker(15) PRESENT POSTOFFICE OF MOTHER Kelton S.C. Route 2(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Healer Thomas(24) ~~State with the Physician or Midwife~~ (25) Address of Physician or Midwife Kelton S.C. Route 2

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Ala Glenn
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 21, 1916 (28) D. G. Gallman 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.
 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.
 McCaw, of Columbia.