

(1) PLACE OF BIRTH

County of Rickland

Township of

OR

Inc. Town of Lewis

OR

City of

(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

16555

Registration District No. 3803Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child, Charles May Limes

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

(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 20, 1912
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence Limes

(9) PRESENT POSTOFFICE OF FATHER

Cangaroo

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

43

(Year)

(12) BIRTHPLACE

Cangaroo S.C.

(13) OCCUPATION

Farming 43

(20) Number of children born to mother, including present birth

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Cangaroo

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

30

(Year)

(18) BIRTHPLACE

Cangaroo

(19) OCCUPATION

Farming

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) May Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date

June 2, 1912

(28)

J. P. Garck 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.