

## (1) PLACE OF BIRTH

County of HamptonTownship of Coomeryor  
Inc. Town of .....or  
City of Coomery

(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 Stat. Registrar Only

43228

Registration District No. 25A Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child, Charles B. Bithum If child is not yet named, make supplemental report as directed(3) BOY Male (4) Twin or Triplet? (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Bithum(9) PRESENT POSTOFFICE OF FATHER Coomery(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Charleston, W. Va.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Howard(15) PRESENT POSTOFFICE OF MOTHER Coomery(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Coomery(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11:00 A. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) H. C. Goodfellow

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Coomery

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 7, 1915 (28) H. C. Goodfellow 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.

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MAKING SEPARATE REPORT FOR EACH CHILD. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. B. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.