

(1) PLACE OF BIRTH

County of *Lancaster Co*

Township of *Liberty*

Inc. Town of _____
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

Registration District No. *3107*

File No.—For State Registrar Only
86520

Registered No. *94*
(For use of Local Registrar)

(2) Full Name of Child *Robert William*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? *no*
To be answered only in case of Twins or Triplets

(5) Number in order of birth *8*

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *Oct 15 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. D. Langford*

(9) PRESENT POSTOFFICE OF FATHER *Lancaster Co*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE *Lancaster Co*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lilla Swygert*

(15) PRESENT POSTOFFICE OF MOTHER *Lancaster Co*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *40*
(Years)

(18) BIRTHPLACE *Lancaster Co*

(19) OCCUPATION *House Keeping*

(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3* *A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *D. Miller*

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

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 *Oct 17 1916* (28) *R. O. Healy* 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.

N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.