

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.

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or

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

File No.—For State Registrar Only

58160

Registration District No. 4408

Registered No. 38

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

Robert Lee Hunt Withers

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?

(7) DATE OF BIRTH

April 6, 1916

(To be answered only in event of twins or triplets)

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jonathan J. Withers

(9) PRESENT POSTOFFICE OF FATHER

Barlebury, N.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

York Co. S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Hettie Withers

(15) PRESENT POSTOFFICE OF MOTHER

York & C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

York Co. S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 10 1/2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. D. J. G. Withers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

York S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 1, 1916

(28) J. D. Barron

(29)

Local Registrar

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.