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 PRINT—SELL, No. 1, THE OTHER, No. 2, etc., in question 5.

MECHANICSBURG, PENNA., U. S. A.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 87818

(1) PLACE OF BIRTH

County of Newberry

Township of Pensol
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4308 Registered No. 111 (For use of Local Registrar)

(2) Full Name of Child Thomas Joyner — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? Twin — To be answered only in event of Twins or Triplets

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 23, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Joyner

(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Lanes S.C.

(13) OCCUPATION RR Section Hand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Chandler

(15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Lanes, S.C.

(19) OCCUPATION House wife

(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 born alive (Born alive or stillborn) at 10 (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Caroline Pine

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report .....
..... 19 ....
Registrar

(26) Witness L. Bagatt (sub registrar)
(Signature of Witness necessary only when question 23 is signed by mark.)

(27) Filed 11/25 1916

(28) Albert R. Mosley
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.