

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA.		77433	
Township of <u>Walnut Grove</u>		Bureau of Vital Statistics			
Inc. Town of <u>Ware Shoals</u>		State Board of Health			
City of _____		Registration District No. <u>13/4</u>		Registered No. <u>69</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; _____ Ward _____		(For use of Local Registrar)	
(2) Full Name of Child. <u>Russell Putman</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 18, 1916</u>	(8) _____
To be answered only in event of twins or triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(9) FULL NAME <u>Jerome Putman</u>			(14) NAME BEFORE MARRIAGE <u>Memillon Burnitt</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Ware Shoals, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ware Shoals, SC</u>		
(11) COLOR OR RACE <u>white</u>			(12) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(13) BIRTHPLACE <u>Lauren, C.S.C.</u>			(14) COLOR OR RACE <u>white</u>		
(15) OCCUPATION <u>Cotton mill</u>			(15) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(16) Number of children born to mother, including present birth <u>1</u>			(16) BIRTHPLACE <u>Greenwood, C.S.C.</u>		
			(17) OCCUPATION <u>housewife</u>		
			(18) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) <u>12</u>					
(23) (Signature) <u>James M. Maby</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Ware Shoals, SC</u>					
Given name added from a supplemental report _____					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____					
(27) Filed <u>Oct 9</u> 191 <u>6</u> (28) <u>J. C. Maby</u> 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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