

(1) PLACE OF BIRTH

County of SaludaTownship of # 3or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91670

Registration District No. 3902 Registered No. 20

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of not named St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 28 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>James O. Hiff</u>	(14) NAME BEFORE MARRIAGE <u>Marion E. Booser</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Prosperity S.S.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Prosperity S.S.</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)
(12) BIRTHPLACE <u>Newberry S.</u>	(18) BIRTHPLACE <u>Newberry S.</u>
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housekeeping</u>
(20) Number of children born to mother, including present birth <u>11</u>	(21) Number of children of this mother now living, including present birth <u>7</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. I. Bader(24) State whether Physician or Midwife (25) Address of Physician or Midwife Prosperity S.S.

Given name added from a supplemental report

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

(27) Jan 18 1917 (28) J. W. Duff 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia