

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.

Caw. of Columbia.

<div style="text-align: center;"> CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health </div>				<div style="border: 1px solid black; padding: 5px;"> File No.—For State Registrar Only <div style="font-size: 1.5em; font-weight: bold;">72546</div> </div>	
(1) PLACE OF BIRTH County of <u>Richmond</u> Township of <u>Hammond</u> or Inc. Town of <u>Hammond</u> or City of <u>Hammond</u> (No. <u>1809</u> Registered No. <u>34</u>) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Wm. Flynn Rush Jr.</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>1</u>	
(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Aug 11 1916</u> (Name of Month) (Day) (Year)			
FATHER. (8) FULL NAME <u>Wm. Flynn Rush</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hammond S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>37</u> (Years) (12) BIRTHPLACE <u>Hammond S.C.</u> (13) OCCUPATION <u>Motor Salesman</u> (20) Number of children born to mother, including present birth <u>3</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Janie Belle Dail</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hammond S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) (18) BIRTHPLACE <u>Hammond S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Hammond</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. S. Adams</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Hammond S.C.</u>					
Given name added from a supplemental report _____, 191____ _____, 191____ _____, 191____ Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Sept. 12 1916</u> (27) Filed _____, 191____ (28) <u>J. B. Adams, M.D.</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.