

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.

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
72546

(1) PLACE OF BIRTH
 County of York
 Township of Hammond
 OR
 Inc. Town of Hammond Registration District No. 1809 Registered No. 34
 OR
 City of Hammond (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wm. Flynn Rush Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 11 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm. Flynn Rush
 (9) PRESENT POSTOFFICE OF FATHER Hammond S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Waynes Co
 (13) OCCUPATION Motor Salesman
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Jessie Belle Dalton
 (15) PRESENT POSTOFFICE OF MOTHER Hammond S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Waynes Co
 (19) OCCUPATION Housewife
 (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 at Hammond, (Born alive or stillborn) at 7:30 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammond S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept. 12, 1916 (28) J. B. Adams, M.D. 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.