

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79290

Registration District No. 4006 Registered No. 132

(For use of Local Registrar)

(No. of Ward)

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

Full Name of Child. Ruth Bury

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

(1) Twin or Triplet? (5) Number of birth (6) Are Parents Married? (7) DATE OF BIRTH 9 9 6

## FATHER.

NAME Bury

RESIDENCE Pocahontas

AGE AT LAST BIRTHDAY 38 (Years)

RACE Black

OCCUPATION Farmer

Number of children born to father including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Anderson

(15) PRESENT POSTOFFICE OF MOTHER Pocahontas

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE So

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 12 1/2 miles at the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Solomon Bury

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

was added from a supplemental report

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

(27) Filed 9/13/16 (28) M. W. Brown Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.