

Form No. 1

(1) PLACE OF BIRTH

County of Aiken  
Township of Hammock  
or  
Inc. Town of Second Island  
or  
City of \_\_\_\_\_

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

83

Registration District No. 205

Registered No. 1  
(For use of Local Registrar)

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

(2) Full Name of Child Willie Bury

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

(3) SEX BOY

(4) Twin or Triplet

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH

Jan 13 1923

To be answered only in case of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Bury

(9) PRESENT RESIDENCE OF FATHER Hathwood R# 1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

mill labour

(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Taylor

(15) PRESENT RESIDENCE OF MOTHER Hathwood

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE

Aiken Co S.C.

(19) OCCUPATION

house wife

(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 1/13/23 at 2:40 M., on the date above stated. (Born alive unattended) (Hour A. M. or P. M.)

(22) (Signature) Rebecca Stewart

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Augusta 3

(If name added from a supplemental report)

(25) Witness W. R. Johnson

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

(26) Filed 1/29 1923. (27) J. M. B. G. B. G. 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.

Division of Columbia, Columbia, S. C.

USE THIS FORM FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.