

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.

(1) PLACE OF BIRTH

County of Union
Township of Boysville
or
Inc. Town of Buffalo
or
City of Jacob (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 John Thomwell Sile

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt E. Sile
(9) PRESENT POSTOFFICE OF FATHER Buffalo SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Hershov Co -
(13) OCCUPATION mechanic

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Brown
(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Union Co -
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. P. Harrison
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Buffalo SC

Given name added from a supplemental report
M. B. Merdward, M.D.
7/14/42 19 22 Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 10 19 22 (28) J. P. Harrison 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.