

(1) PLACE OF BIRTH

County of Charleston
Township of Johns Island
or
Inc. Town of _____
or
City of _____

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

File No. For State Registrar Only
71815

Registration District No. 905 Registered No. 77
(For use of Local Registrar)

(No. _____, St. _____, Ward _____)
If birth occurs in a hospital or other institution, give name instead of street and number.

(2) Full Name of Child May Belle Bums If child is not yet named, make supplemental report as directed

(3) <u>SEX</u> <u>Female</u>	(4) <u>Twin or Triplet?</u> Is to be answered only in event of Twins or Triplets	(5) <u>Number in order of birth</u> <u>1</u>	(6) <u>Are Parents Married?</u> <u>No</u>	(7) <u>DATE OF BIRTH</u> <u>Aug. 5, 1916</u> (Name of Month) (Day) (Year)
FATHER				MOTHER
(8) <u>FULL NAME</u> <u>Illegitimate</u>	(14) <u>NAME BEFORE MARRIAGE</u> <u>W. A. Jane Bums</u>			(15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Johns Island</u>
(9) <u>PRESENT POSTOFFICE OF FATHER</u>	(16) <u>COLOR OR RACE</u> <u>Negro</u>			(17) <u>AGE AT LAST BIRTHDAY</u> <u>19</u>
(10) <u>COLOR OR RACE</u>	(18) <u>BIRTHPLACE</u> <u>Johns Island</u>			(19) <u>OCCUPATION</u> <u>Harbor Laborer</u>
(11) <u>BIRTHPLACE</u>	(20) <u>Number of children born to mother, including present birth</u>			
(12) <u>OCCUPATION</u>	(21) <u>Number of children of this mother now living (including present birth)</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:00 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) Martha Stuart
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

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

(27) Filed Aug. 12, 1916 (28) W. E. Reed Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make and 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.