

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.

OFFICE OF COMMISSIONER, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Williston
or
Inc. Town of
or
City of Williston

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

File No.—For State Registrar Only
63179

Registration District No. 5713 Registered No.
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Leon Buck
(9) PRESENT POSTOFFICE OF FATHER Williston SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Aiken Co
(13) OCCUPATION Farmer

MOTHER:
(14) NAME BEFORE MARRIAGE
(15) PRESENT POSTOFFICE OF MOTHER Williston SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(18) BIRTHPLACE Barnwell Co
(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. Remora

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williston SC

Given name added from a supplemental report

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

(27) Filed 19 (28) J. Smith 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.