

(1) PLACE OF BIRTH

County of BambergTownship of Buford Bridgeor
Inc. Town of Oleyor
City of Se(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40028

Registration District No. 4thRegistered No. 135

(For use of Local Registrar)

(2) Full Name of Child Maud Odum Buesch

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Rush(9) PRESENT POSTOFFICE OF FATHER Oley Se(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 18
(Years)(12) BIRTHPLACE Bamberg Co(13) OCCUPATION farm work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maud Odum(15) PRESENT POSTOFFICE OF MOTHER Oley Se(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Bamberg Co(19) OCCUPATION farm work(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 11 P. M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Hattie Stewart(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oley Se

Given name added from a supplemental report

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

(27) Filed Jan 2, 1923 (28) J. E. Bennett
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.

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