

(1) PLACE OF BIRTH

County of Union

Township of Beaufortville

Inc. Town of R.F.D.

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

92074

Registration District No. H.P. Registered No. 91

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 27 1916

FATHER.

(8) FULL NAME L. Dixon Varner

(9) PRESENT POSTOFFICE OF FATHER Jonesville S.C. R.F.D. #

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Union Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth none

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Bennett

(15) PRESENT POSTOFFICE OF MOTHER Jonesville S.C. R.F.D. # 2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Union Co S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. J. Solley

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bubbols S.C.

Given name added from a supplemental report

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

(27) Filled Dec 27 1916 (28) J. J. Solley 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.

fifth month of pregnancy.

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