

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63232

(1) PLACE OF BIRTH

County of *Beaufort*

Township of *Yamacraw*

Inc. Town of

City of

Registration District No. *605*

Registered No. *11*

(For use of Local Registrar)

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

(2) Full Name of Child *Caroline A. G. Putney*

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

(3) BOY OR GIRL? *Girl* (4) Twin or triplet? *None* (5) Number in order of birth *1st* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 15 1914*
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Putney, W. Putney*

(14) NAME BEFORE MARRIAGE *Wyle Cannon*

(9) PRESENT POSTOFFICE OF FATHER *Savannah, Ga*

(15) PRESENT POSTOFFICE OF MOTHER *Savannah, Ga*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *North Carolina*

(18) BIRTHPLACE *Beaufort County*

(13) OCCUPATION *Telephone Mechanic*

(19) OCCUPATION

(20) Number of children born to mother, including present birth *2*

(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *about 5 P.* (Born alive or stillborn) (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) *E. L. J. Putney*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician*

Given name added from a supplemental report

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

191....., 191.....
 Registrar

(27) Filed *June 15 1914* (28) *E. L. J. Putney* Local Registrar.

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.
 Sav. of Columbia

*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.