

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.

MCLEAV OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Sumter  
 Township of Mayville  
 or  
 Inc. Town of.....  
 or  
 City of..... (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  
**74880**

Registration District No. 4102 Registered No. 80  
 (For use of Local Registrar)

(2) Full Name of Child Jesse Brody Amerson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 1 1916  
 To be answered only in event of Twins or Triplets (Name of Month (Day) (Year))

**FATHER.**  
 (8) FULL NAME R. B. Amerson  
 (9) PRESENT POSTOFFICE OF FATHER Mayville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Helen Belle Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Mayville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jessie M. Bryan  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayville S.C.

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_, 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 2 1916 (28) West 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.