

(1) PLACE OF BIRTH

County of HammerTownship of Northor
Inc. Town of Whitmanor
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

21950

Registration District No. 3402Registered No. 72
(For use of Local Registrar)

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

(2) Full Name of Child John B. Batcher

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

(3) SEX Male (4) Type of Birth Normal (5) Number of Children 1 (6) Date of Birth July 31, 1933
(Month of Birth) (Day) (Year)

FATHER		MOTHER	
(14) NAME BEFORE MARRIAGE	<u>Alexander Pursey Batcher</u>	(14) NAME BEFORE MARRIAGE	<u>John B. Bond</u>
(15) PRESENT POSTOFFICE OF FATHER	<u>Whitman, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Whitman, S.C.</u>
(16) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(17) AGE AT LAST BIRTHDAY	<u>31</u>	(17) AGE AT LAST BIRTHDAY	<u>31</u>
(18) BIRTHPLACE	<u>Genesee, N.Y.</u>	(18) BIRTHPLACE	<u>Hammond, Pa.</u>
(19) OCCUPATION	<u>Minister</u>	(19) OCCUPATION	<u>Domestic</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) William B. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Whitman, S.C.(26) Witness (Signature of Witness necessary only when question 23 is signed) RM Dwyer
(27) Date July 31, 1933 (28) 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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