

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Bluck

or

City of

(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

63067

Registration District No. 215 Registered No. 18 Hill
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child A. C. Ayers

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 22 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. C. Ayers

(9) PRESENT POSTOFFICE OF FATHER

Deceased

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE

La.

(13) OCCUPATION

Was Mill Operator

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Akey Ripley

(15) PRESENT POSTOFFICE OF MOTHER

Bluck

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

Hill Co. La.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:20 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. S. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

, 191....

Registrar

(26) Witness

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

(27) Filed July 1916(28) E. H. C. C. C.

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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FORM NO. 1
 WHEN PLACED IN THE UNFOLDING ENVELOPE 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.
 May 1916