

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Hammond
 or
 Inc. Town of
 or
 City of Bush Island

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12603

Registration District No. 205 Registered No. 9
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Erva Bush (If child is not yet named, make supplemental report as directed)

(3) MALE (4) 2 (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH May 16 1923
 To be answered only in case of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Bush
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R 5
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Id
 (13) OCCUPATION Id Laborer
 (14) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Annelson Greene
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 5
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE Id
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) James A. Butler
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(If name added from a supplemental report)

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

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 Registrar

(27) Filed June 2 1923 (28) J. M. Butler
 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.

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 1.

See also Columns, Columns, B. C.