

(1) PLACE OF BIRTH

County of Anderson

Township of Stannards Path

Inc. Town of  
or

City of

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

**63035**

Registration District No. 307

Registered No. 87

(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. Fessie Mather

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 11, 1916</u>
				(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John Young

(9) PRESENT POSTOFFICE OF FATHER Enoree

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Lawrence Co

(13) OCCUPATION Capt assistant

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Adie Mae Mather

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S C

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Abbeville S C

(19) OCCUPATION House work

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) T. W. Mather

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

Physician Stannards Path

Given name added from a supplemental report

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

(27) Filed June 12, 1916 (28) L. C. Williams 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. 6. NEVER RE-USED FOR BUNDLING. WRITER ATTENTION. WITH USE-ADDING ENTRIES 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 OTHERS, No. 2, etc., in question 5. McCray of Columbia