

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63035

Township of Stannards Path

Inc. Town of

Registration District No. 307

Registered No.

87

(For use of Local Registrar)

City of

(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 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>No</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)
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FATHER.

MOTHER.

(8) FULL NAME <u>John Young</u>	(14) NAME BEFORE MARRIAGE <u>Adie Mae Mather</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Enoree</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spitzburg S C</u>
(10) COLOR OR RACE <u>Calais</u>	(16) COLOR OR RACE <u>Calais</u>
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Lawrence Co</u>	(18) BIRTHPLACE <u>Abbeville S C</u>
(13) OCCUPATION <u>Capt. aviator</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Calais at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. Mather

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Thomas Mather

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 12 1916(28) L. E. 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
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.