

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only  
**72515**

(1) PLACE OF BIRTH

County of Edgefield STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
Township of Edwards State Board of Health  
or  
Inc. Town of ..... Registration District No. 1907 ... Registered No. 53 .....  
(For use of Local Registrar)  
or  
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 John Henry Bay .. { 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> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

**MOTHER.**

(8) FULL NAME John Henry Bay  
(9) PRESENT POSTOFFICE OF FATHER Edgefield St 2  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25  
(Years)  
(12) BIRTHPLACE Edgefield, S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Two

(14) NAME BEFORE MARRIAGE Selma Kyles  
(15) PRESENT POSTOFFICE OF MOTHER Edgefield, St 2  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)  
(18) BIRTHPLACE Edgefield, S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Two

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

(22) I hereby certify that I attended the birth of this child, who was alive at 9 ..... P. M.,  
on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature) Milie Holloway, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Edgefield St 2

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
Best, W.  
(27) Filed 7, 1916 (28) H. M. Dumas  
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—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 OTHER, No. 2, etc., in question 5. McCaw, of Columbia.