

(1) PLACE OF BIRTH

County of Calhoun
 Township of Sumner
 or
 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
63322

Registration District No. 802 Registered No. 851
 (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 Santon Bristow

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bristow

(9) PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Calhoun Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE Calhoun Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6 A.M.

(23) (Signature) Hevie S. Scales

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews, S.C.

Given name added from a supplemental report

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

(27) Filed June 27, 1916 (28) W. S. Scales
 Registrar 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.