

(1) PLACE OF BIRTH

County of *Anderson*
Township of *Bushy creek*
or
Inc. Town of
or

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
62994

Registration District No. *302* Registered No. *74*
(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. *W.E. Witt M. Alister* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 14, 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *M. Juffie M. Alister*
(9) PRESENT POSTOFFICE OF FATHER *Piedmont R #2*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (Years)
(12) BIRTHPLACE *Anderson Co*
(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *W. Janie Gilliland*
(15) PRESENT POSTOFFICE OF MOTHER *Piedmont R #2*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)
(18) BIRTHPLACE *Pickens Co S.C.*
(19) OCCUPATION *house keeper*

(20) Number of children born to mother, including present birth *6*
(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 *alive* at *3* P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *J. P. Rosamond M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Wesley S. P.*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *7-11-1916* (28) *W. H. G. Lee* 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.

..... Registrar | (27) Filed *July 11, 1916* (28) *W. H. G. Lee* Local Registrar

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WEEKLY REPORT OF BIRTHS, DEATHS AND MARRIAGES FOR THE YEAR ENDING DECEMBER 31, 1916. STATE OF SOUTH CAROLINA. BUREAU OF VITAL STATISTICS. STATE BOARD OF HEALTH. FILE NO. 62994. REGISTRATION DISTRICT NO. 302. REGISTERED NO. 74. CHILD'S NAME: W. E. WITT M. ALISTER. SEX: M. RACE: WHITE. DATE OF BIRTH: JUNE 14, 1916. PLACE OF BIRTH: BUSHY CREEK TOWNSHIP, ANDERSON COUNTY, S. C.