

## (1) PLACE OF BIRTH

County of BarnwellTownship of Bluffton

In Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2031

Registration District No. 57Registered No. 12  
(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 (Not Named) Died If child is not yet named, make supplemental report directed(3) SEX OF CHILD Male (4) Sex or Type To be covered only in event of Twin or Triple (5) Number in order of birth yes (6) DATE OF BIRTH Feb 24 1913  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Emanuel</u>	(14) NAME BEFORE MARRIAGE <u>Jane Hilson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Wells ton S.C. 127</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Wells ton S.C. R#</u>
(10) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(10) COLOR OR RACE <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(14) BIRTHPLACE <u>SC</u>	(14) OCCUPATION <u>Farm Hand</u>	(16) OCCUPATION <u>Wife of Field Hand</u>
(16) Number of children born to mother, including present birth <u>1</u>	(18) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. J. J. Brown(24) State whether Physician or Midwife Physician or Midwife

Given name added from a supplemental report

(26) Witness J. H. Johnson  
(Signature of Witness necessary only when section 23 is signed by mark)(27) Filed Feb 24 1913 (28) J. H. Johnson

\*When there was no attending physician or midwife, then the father, housewife, or other person, if a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.