

(1) PLACE OF BIRTH

County of WayneTownship of Waynevilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79579

Registration District No. 1401 Registered No. 35

(For use of Local Registrar)

St. _____ Ward _____

(2) Full Name of Child. _____ { 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) Are Parents Married? Yes(7) DATE OF BIRTH Sept 17 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Linus Shontzen

(9) PRESENT POSTOFFICE OF FATHER

Buffalo SC. R.F. 2(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE

Union County

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lee Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Buffalo SC. R.F. 2(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE

Union Co. SC.

(19) OCCUPATION

Laundry

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 19 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. P. H. H. H.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Sept 19 1911

(28)

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.

Sept 19 Registrar

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