

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of
or

City of (No. St.; Ward)
(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
90109

Registration District No. 2209 Registered No. 594
(For use of Local Registrar)

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mason Melvin Bursine

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43
(Years)

(12) BIRTHPLACE Greenville Co SC

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Isla Howard

(15) PRESENT POSTOFFICE OF MOTHER Home

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE Greenville Co SC

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 315 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas P. Benson M.D.

(24) State whether Physician or Midwife MS (25) Address of Physician or Midwife Travelers Rest S.C.

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 Jan 17 1917 (28) A. J. Munday 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.

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McCaw, of Columbia, S. C., has charge of this form, No. 1, etc., in question

49-