

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

County of Georgetown

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72841

Township of .....

or Town of .....

Registration District No. 2107 Registered No. 33

(For use of Local Registrar)

or City of .....

(No. BURNS 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

Henry Yasser

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 7 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

**MOTHER.**

(8) FULL NAME Henry Yasser

(14) NAME BEFORE MARRIAGE Victoria Burns

(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

(10) COLOR OR RACE White BIRTHDAY 26 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sampet

(18) BIRTHPLACE Sandy Island

(13) OCCUPATION Painter

(19) OCCUPATION Celander Maid

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

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

Fallie Myers | 62 Duke St

Given name added from a supplemental report

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

(27) Filed Aug 6 1916 (28) CC. W. Myers 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.