

(1) PLACE OF BIRTH

County of *Richmond*
 Township of *Chilch*
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17354

Registration District No. *213* Registered No. *22*
 (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 *Frank Bush* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *one* (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 17*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Thomas Bush*
 (9) PRESENT POSTOFFICE OF FATHER *Ellenton SC*
 (10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *22*
 (Years)
 (12) BIRTHPLACE *Hanburg SC*
 (13) OCCUPATION *farming*
 (20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Carrie Bell Brown*
 (15) PRESENT POSTOFFICE OF MOTHER *Ellenton SC*
 (16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *18*
 (Years)
 (18) BIRTHPLACE *SC*
 (19) OCCUPATION *Cook*
 (21) 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 *3 A.M.*
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) *Thomas Bush*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Ellenton SC*

Given name added from a supplemental report

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

(27) Filed *6-17* 19 *22* (28) *P. K. Medlock* 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.