

(1) PLACE OF BIRTH

County of *Richland*
Township of *Chilch*
or
Inc. Town 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. *713*

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 1892*
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Thomas Bush*

(14) NAME BEFORE MARRIAGE *Carrie Bell Brown*

(9) PRESENT POSTOFFICE OF FATHER *Ellenton SC*

(15) PRESENT POSTOFFICE OF MOTHER *Ellenton SC*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *22* (Years)

(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *18* (Years)

(12) BIRTHPLACE *Hanburg SC*

(18) BIRTHPLACE *SC*

(13) OCCUPATION *farming*

(19) OCCUPATION *Cook*

(20) Number of children born to mother, including present birth *1*

(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 A. Medlock*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Registrator 4*

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 1922* (28) *T. 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.