

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

19006

County of York

Township of Buckner

or
Inc. Town of

or
City of Buckeburt

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

Registration District No. 2501 Registered No. 38

(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin Quino or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26 1912
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Todd

(14) NAME BEFORE MARRIAGE Nellie Sherman

(9) PRESENT POSTOFFICE OF FATHER Buckeburt SC

(15) PRESENT POSTOFFICE OF MOTHER Buckeburt SC

(10) COLOR OR RACE Wegro (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Marion SC

(18) BIRTHPLACE Buckeburt SC

(13) OCCUPATION Farming

(19) OCCUPATION House Wife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Davis Midwife (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

Clamon Registrar

(27) Filed July 9 1912 Clamon 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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