

U. S. Dept. of Commerce
Bureau of the Census

16 092885

1. PLACE OF BIRTH

County of Aiken
Township of Silverton
or
Inc. Town of Ellenton
or
City of Ellenton

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 210 Registered No.

(For use of Local Registrar)

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

2. FULL NAME OF CHILD William Bush

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

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth May 10, 1916
(Month, day, year)

9. Full name Wheeler Bush FATHER 18. Name before marriage Amelia Bowers MOTHER

10. Residence (mailing address) Ellenton, SC 19. Residence (mailing address) Ellenton, SC
(If non-resident, give place and State)

11. Color or race col 12. Age at child's birth 38 (years) 20. Color or race col 21. Age at child's birth 40 (years)

13. Birthplace (city or place) Ellenton, SC 22. Birthplace (city or place) Ellenton, SC
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Cook

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife

16. Date (month and year) last engaged in this work 1916 17. Total time (years) spent in this work 17 25. Date (month and year) last engaged in this work 1916 26. Total time (years) spent in this work 20

27. Number of children of this mother (At time of birth and including this child) 9 (a) Born alive and now living 20 (b) Born alive but now dead 3 (c) Stillborn 5

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9:00 m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at..... m. on above date.....
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify)

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report.....
(Date of)

(Signed)....., M. D.
or Luvessa Bowers Midwife

Address Ellenton, SC

Filed 9/16, 1913 LA Riser MD
Local Registrar Q.B.J.

State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)