

(1) PLACE OF BIRTH

County of Bamberg  
Township of Bamberg  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**63085**

Registration District No. 400 Registered No. 54  
(For use of Local Registrar)  
St.; ..... Ward

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Age years Months (7) DATE OF BIRTH June 10 1916  
(Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets

**FATHER.**

(8) FULL NAME Greton Eugene Bamberg  
(9) PRESENT POSTOFFICE OF FATHER Bamberg RFD  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Bamberg S  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Two

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bessie Weatherbee  
(15) PRESENT POSTOFFICE OF MOTHER Bamberg RFD  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
(18) BIRTHPLACE Barnwell S  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth Two

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

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 9:54 AM.  
(23) (Signature) Robt Black  
(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Bamberg S

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 6/14 1916. (28) John Coover Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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FORM NO. 4. 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. N. McCraw, of Columbia.