

(1) PLACE OF BIRTH

County of UnionTownship of Santuck

City of

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

92125

Registration District No. 4206 Registered No. 21

(For use of Local Registrar)

(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? No (5) Number in order of birth 38 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elliott John(14) NAME BEFORE MARRIAGE Bertie Lomson(9) PRESENT POSTOFFICE OF FATHER Santuck SC(15) PRESENT POSTOFFICE OF MOTHER Santuck SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S. C.(18) BIRTHPLACE Santuck SC(13) OCCUPATION Farmer(19) OCCUPATION House work(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. B. Jones(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Santuck SC

Given name added from a supplemental report

(26) Witness L. B. Jones Jr. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 23 1916 (28) L. B. Jones Jr. 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.