

CERTIFICATE OF BIRTH

County of San Francisco

Township of ... *Ukewauk* ...

OF
Inc. Town of.....

City of

STATE OF SOUTH CAROLINA

100-443887-100

State Board of Health

Registration District No.

36012

Registered No. 5
(For use of Local Registrar)

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

(7) BOY OR GIRL? <i>Boy</i>	(8) Twin or Triplet Twin or Triplet Twin or Triplet	(9) Number in order of birth 1	(10) Age 12	(11) Date Oct 22 1922 (Month) (Day) (Year)
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<p>FATHER</p> <p>(7) FULL NAME <i>Goran Busby</i></p>		<p>MOTHER</p> <p>(14) NAME BEFORE MARRIAGE <i>Maggie Goran</i></p>	
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(7) PRESENT POSTOFFICE OF FATHER Los Angeles A 7 D

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 59 (Year) (12) COLOR OR RACE colored (13) AGE AT LAST BIRTHDAY 43 (Year)

(12) BIRTHPLACE	Orangeburg Co	(13) BIRTHPLACE	Orangeburg Co
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(13) OCCUPATION *Electrician*

(21) Number of children born to _____ three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(28) (Signature) John H. [illegible]

(34) State whether Physician or Dentist ☒ Physician ☐ Dentist

Given name added from a supplement

(Signature of Witness necessary only when question 22 is asked by party)
 Cat 7-22 RK Weaver
 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 be reported as stillborn. No report is desired of stillbirths within the first month of pregnancy.

FIRST-HORN, No. 1. THE OTHER, No. 2, etc., in question 1.