

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
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

75285

Registration District No. 4408Registered No. 100
(For use of Local Registrar)(2) Full Name of Child Theo Berry

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 3, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Berry(9) PRESENT POSTOFFICE OF FATHER York SC RFD # 7(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York Co. SC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Thompson(15) PRESENT POSTOFFICE OF MOTHER York SC RFD # 7(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE York Co. SC. RFD # 7(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Eason(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife York S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Jos. H. Bann
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 10, 1916 (28) Jos. H. Bann
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.

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.

McCaw, of Columbia.