

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44869

County of UnionTownship of BoyersvilleIncl. Town of S.C.City of S.C.Registration District No. 4901Registered No. 57

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Jessie Fincher Jr. 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 15 1915

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Fincher(9) PRESENT POSTOFFICE OF FATHER Union S.C. Rte 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Gregory(15) PRESENT POSTOFFICE OF MOTHER Union S.C. Rte 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION House Keeper(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jr. Moseley(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C. Rte 2

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20 1915 (28) Jr. G. F. Moseley 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.

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FORM NO. 10. MARGIN RESERVED FOR RECORDING. WHITE PLAINLY. WITH EXAMINING INSTITUTIONS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE REPORT for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.