

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
Township of Bussy Creek State Board of Health

File No. — For State Registrar Only
71246

Inc. Town of Registration District No. 392 Registered No. 20
(For use of Local Registrar)
City of (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. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 26, 1916
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Mrs. M. Hall

(14) NAME BEFORE MARRIAGE Mrs. Collins

(9) PRESENT POSTOFFICE OF FATHER Easley S.C. R#45

(15) PRESENT POSTOFFICE OF MOTHER Easley S.C. R#5

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Anderson Co. S.C.

(18) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farming

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. W. C. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

191...
Registrar

(27) Filed Sept 7, 1916 (28) W. J. Watson 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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MADE BY THE STATE BOARD OF HEALTH, COLUMBIA, S. C. IN 1915. THIS IS A PERMANENT FORM. FATHERS OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. (COUNTY OF COLUMBIA)