

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.

(1) PLACE OF BIRTH

County of GreenvilleTownship of ColumbiaInc. Town of ColumbiaCity of N.F.D. #7 Greenville S.C.

(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

72994

Registration District No. 2209Registered No. 407

(For use of Local Registrar)

(2) Full Name of Child John Franklin Berdine { If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|-------------------------------|--|-------------------------------------|---|
| (3) BOY OR GIRL? <u>boy</u> | (4) Twin or Triplet? <u>X</u> | (5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug. 25, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|-------------------------------|--|-------------------------------------|---|

FATHER.
(8) FULL NAME John Miles(9) PRESENT POSTOFFICE OF FATHER Pickens S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Pickens S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { One (1)MOTHER.
(14) NAME BEFORE MARRIAGE Willie Berdine(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15
(Years)(18) BIRTHPLACE Pickens S. C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3-30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. B. Ledbetter M.D.

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

Physician Greenville S. C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 31, 1916 (28) A. H. Moore
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.