

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

46067

Registration District No. 1703 Registered No. 1A

(For use of Local Registrar)

(2) Full Name of Child

Baby Bair

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

(1) BOY OR GIRL? (2) Twin or Triplet? X (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH Jan 31 1906 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Julius B. Bair
(7) PRESENT POSTOFFICE OF FATHER St George 2c
(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 38 (Years)
(10) BIRTHPLACE Orangeburg County
(11) OCCUPATION Farmer
(12) Number of children born to mother, including present birth 5

MOTHER.

(13) NAME BEFORE MARRIAGE Mahel Ethel Hutto
(14) PRESENT POSTOFFICE OF MOTHER St George 2c
(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 37 (Years)
(17) BIRTHPLACE St George 2c
(18) OCCUPATION Love Wife
(19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alice St 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(21) (Signature) Dr. J. B. Johnston
(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed Jan 31 1906

(26)

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.