(1) PLACE OF BIRTH

County of Marlboro

Township of Bennettsville

or

Inc. Town of ..... Registration District No. 3301 Registered No. 3 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

(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
46868

(2) Full Name of Child James Strauss Usher } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 12 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Artemas Segette Usher

(9) PRESENT POSTOFFICE OF FATHER Bennettsville, R.7, D#6

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Marlboro County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 6

MOTHER.

(14) NAME BEFORE MARRIAGE Della Newton

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, R.7, D. 6

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Marlboro County

(19) OCCUPATION Domestic Duties

(21) 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 (Born alive or stillborn) at 8:10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. D. Strauss M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bennettsville, 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 Jan 15th 1916 (28) W. W. Pate
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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N. B.—In case of TWINS OR TRIPLETS was a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WHITE TWINS, WITH ONE ABOVE, THIS IS A TRIPLET RECORD.

McCaw, of Columbia.