

(1) PLACE OF BIRTH

County of *Burnell*

Township of *Shoemaker*

or Inc. Town of *Shoemaker*

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1-A*

File No. For State Registrar Only

84377

Registered No. *1124*

(For use of Local Registrar)

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

(2) Full Name of Child: *William Vogt Ayers* { If child is not yet named, make supplemental report as directed

(3) BOY (4) Twin or triplet? (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Nov 30 1917* (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER: *Vogt Ayers*

(9) PRESENT POSTOFFICE OF FATHER: *Shoemaker*

(10) COLOR OR RACE: *White* (11) AGE AT LAST BIRTHDAY: *36* (Years)

(12) BIRTHPLACE: *Burkhead Va*

(13) OCCUPATION: *Telephone Lineman*

(14) Number of children born to mother, including present birth: *one*

(14) NAME BEFORE MARRIAGE: *Monetta Crider*

(15) PRESENT POSTOFFICE OF MOTHER: *Shoemaker Sc*

(16) COLOR OR RACE: *White* (17) AGE AT LAST BIRTHDAY: *19* (Years)

(18) BIRTHPLACE: *Burney Co Sc*

(19) OCCUPATION: *Housewife*

(20) Number of children of this mother now living, including present birth: *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:49* on the date above stated. (Born *alive* or stillborn) (Hour) (Min) (Sec)

(23) (Signature) *A. R. Byrd M.D.* (24) State whether Physician or Midwife *Physician* (25) Address of Physician, or Midwife

Given name added from supplemental report

see affidavit 7/18/17

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

(27) Filed *Dec 6 1917* (28) *C. S. Hamrick* (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.

Registrar

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