

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

BURNELL
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

84377

Registered No. 24
(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) SEX

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE

Mar 30 1916

BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Vogt Ayers

(9) PRESENT POSTOFFICE OF FATHER

Blacksville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36 (Years)

(12) BIRTHPLACE

Burlington Va

(13) OCCUPATION

Telephone Lineman

MOTHER

(14) NAME BEFORE MARRIAGE

Violetta Crider

(15) PRESENT POSTOFFICE OF MOTHER

Blacksville Sc

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Burnsville Co Sc

(19) OCCUPATION

Housewife

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

One

(21) 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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(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 answered 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 this 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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