

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
71275

(1) PLACE OF BIRTH

County of *Anderson*Township of *Hall*or
Inc. Town ofor
City ofRegistration District No. *306* Registered No. *113*
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Booker T. Demons* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Aug. 16</i> for <i>6</i>
(Name of Month) (Day) (Year)				

FATHER.		MOTHER.	
(8) FULL NAME <i>Lyde Demons</i>	(14) NAME BEFORE MARRIAGE <i>Fannie Clark scales</i>	(15) PRESENT POSTOFFICE OF FATHER <i>na</i>	(16) COLOR OR RACE <i>negro</i>
(9) PRESENT POSTOFFICE OF FATHER <i>na</i>	(17) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(10) AGE AT LAST BIRTHDAY <i>26</i> (Years)	(18) BIRTHPLACE <i>Anderson</i>
(11) COLOR OR RACE <i>negro</i>	(19) OCCUPATION <i>Housewife</i>	(12) BIRTHPLACE <i>Anderson Co</i>	(21) Number of children of this mother now living, including present birth <i>5</i>
(13) OCCUPATION <i>Farming</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 P* M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) *J. Clark scales* (25) Address of Physician or Midwife(24) State whether Physician or Midwife *midwife*

Given name added from a supplemental report

(26) Witness *Mrs. J. M. Mc Adams* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Aug 25 1916* (28) *S. M. Mc Adams* 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.