

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 of _____
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 306 Registered No. 113
(For use of Local Registrar)

(2) Full Name of Child Booker T. Demons } 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 _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 16 for 6
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lyde Demons
(9) PRESENT POSTOFFICE OF FATHER wa
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Fannie Clark scales
(15) PRESENT POSTOFFICE OF MOTHER wa
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Anderson
(19) OCCUPATION Housewife
(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 alive at 3 P M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Julia Clark scales (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife wa

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness Mrs S. M. Mc
(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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the BLANK with the appropriate number. IN CASE OF PREVIOUS BIRTHS use a SEPARATE BLANK, No. 2, etc., in question 5. McCLURE of Columbia.