

(1) PLACE OF BIRTH

County of SaludaTownship of No. 6or
Inc. Town of

City of

(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

66123

Registration District No. 2915 Registered No. 214

(For use of Local Registrar)

(2) Full Name of Child William Joseph If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 2, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Joseph</u>			(14) NAME BEFORE MARRIAGE <u>William Joseph</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myrtle S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Myrtle S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Saluda Co.</u>			(18) BIRTHPLACE <u>Saluda Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 21 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Joseph
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle S.C.

Given name added from a supplemental report

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Registrar(26) Witness William Joseph
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 2, 1916 (28) William Joseph 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.