Form No 1.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH

County of _Saluda_

Township of or _Hollis(?)_

Inc. Town of _Saluda_

or City of _____

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

Registration District No. _3903_

File No.—For State Registrar Only _79059_

Registered No. _38_ (For use of Local Registrar)

(2) Full Name of Child _Berry_

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 _June 5_, 1916
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME _James Henry Berry_

(9) PRESENT POST OFFICE OF FATHER _Saluda Rt 4_

(10) COLOR OR RACE _Whi_

(11) AGE AT LAST BIRTHDAY _32_ (Years)

(12) BIRTHPLACE _Saluda Co_

(13) OCCUPATION _Farming_

(20) Number of children born to mother, including present birth _4_

MOTHER.

(14) NAME BEFORE MARRIAGE _Zoey Hawkins_

(15) PRESENT POSTOFFICE OF MOTHER _Saluda Rt 4_

(16) COLOR OR RACE _Whi_

(17) AGE AT LAST BIRTHDAY _23_ (Years)

(18) BIRTHPLACE _Saluda Co_

(19) OCCUPATION _House wife_

(21) Number of children of this mother now living, including present birth _4_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at _5_ A.M. on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X _Mandy Berry_

(24) State whether Physician or Midwife _Midwife_

(25) Address of Physician or Midwife _Saluda Rt 4_

Given name added from a supplemental report

_____, 191....

_____ Registrar

(26) Witness _____

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

(27) Filed _Oct 6_ 191_6_ (28) _J. B. Crouch_

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.