

(1) PLACE OF BIRTH

County of Bamber
 Township of Beauf Bridge
 or
 Inc. Town of Alam
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63103

Registration District No. 401 Registered No. 56
 (For use of Local Registrar)
 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 Forrest Blanton Bersinger If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Elijah D. Bersinger</u>	(14) NAME BEFORE MARRIAGE <u>Francis E. Blanton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>alam S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>alam S.C.</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>alam S.C.</u>	(18) BIRTHPLACE <u>Ridge Springs S.C.</u>			
(13) OCCUPATION <u>Bookkeeper</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. B. Ray
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Physician | alam S.C.

Given name added from a supplemental report

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

(27) Filed June 15, 1916 (28) E. B. Ray
 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.