

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

File No.—For State Registrar Only
62987

(1) PLACE OF BIRTH

County of Anderson
 Township of Bumby Creek

or
 Inc. Town of

Registration District No. 302 Registered No. 64
 (For use of Local Registrar)

City of (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 Bumby Tally { If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ OR GIRL? (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 11 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mary Tally

(9) PRESENT POSTOFFICE OF FATHER Easton R # 4

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION Harmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lida Blasingame

(15) PRESENT POSTOFFICE OF MOTHER Easton R # 4

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Anderson Co S.C.

(19) OCCUPATION Housework

(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 7 P.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Mary Caplin

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Piedmont R # 1

Given name added from a supplemental report

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

(27) Filed June 18 191... (28) J. T. Walker 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.

WRITING PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE BLANK FOR EACH CHILD AND MARK THE N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 1.
 State of Columbia