

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Burnetts.....

Township of Bayfield.....

or
Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2609

Registration District No. 1106.....

Registered No. 2.....

(For use of Local Registrar)

(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

Thomas Albert

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 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 9 1910 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Thos. B. B. B.

(9) PRESENT POSTOFFICE OF FATHER

Bayfield S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE

Burnetts Co.

(13) OCCUPATION

farmer

(23) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Jules Sargent

(15) PRESENT POSTOFFICE OF MOTHER

Bayfield S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Burnetts Co.

(19) OCCUPATION

housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. B. B. B.

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Bayfield S.C.

Given name added from a supplemental report

(26) Witness N. P. B. B. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 1910 (28) N. P. B. B. 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.