

MARGIN RESERVED FOR BINDING. WRITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 77472
County of <u>Barnstable</u>		Registration District No. <u>2407</u>		Registered No. <u>187</u>
Township of <u>Peoples</u>				(For use of Local Registrar)
or Inc. Town of <u>Brunson</u>				
or City of _____				
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child <u>Willie Mae Tarnes</u>		If child is not yet named, make supplemental report as directed.		
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept-13</u> 191 <u>6</u>
<small>(To be answered only in case of Twins or Triplets)</small>		<small>(Name of Month) (Day) (Year)</small>		
FATHER.		MOTHER.		
(8) FULL NAME <u>Siab Tarnes</u>		(14) NAME BEFORE MARRIAGE <u>Anna Ediga Burges</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Brunson</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Brunson</u>		
(10) COLOR OR RACE <u>colored</u>		(17) AGE AT LAST BIRTHDAY <u>37</u>		
<small>(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)</small>		<small>(Years)</small>		
(12) BIRTHPLACE <u>Collonton co</u>		(18) BIRTHPLACE <u>Brunson</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>house keeping</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3 P.m.</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>				
(23) (Signature) <u>Kellico Burges</u>				
(24) State whether Physician or Midwife <u>mid wife</u> (25) Address of Physician or Midwife <u>Brunson, S.C.</u>				
Given name <u>Alfred</u>		(26) Witness <u>W. Rogers</u>		
<small>(Signature of witness necessary only when question 23 is signed by mark)</small>				
<u>1/6/143</u> 191 <u>6</u>		<u>9/19</u> 191 <u>6</u>		
<u>M. B. Woodward</u> Registrar		<u>Local Registrar</u>		
<small>*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.</small>				

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