

(1) PLACE OF BIRTH

County of AikenTownship of Aiken

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12574

Registration District No. 200 Registered No. 25
(For use of Local Registrar)(2) Full Name of Child George Hatcher Bushie If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet — 5) Number in order of birth — 6) Are Parents Married yes 7) DATE OF BIRTH May 1 19 23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
8) FULL NAME <u>Walter Bushie</u>	14) NAME BEFORE MARRIAGE <u>Virgie Holthe</u>	14) NAME BEFORE MARRIAGE <u>Virgie Holthe</u>	14) NAME BEFORE MARRIAGE <u>Virgie Holthe</u>
9) PRESENT POSTOFFICE OF FATHER <u>Aiken, S.C. Rt 3.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C. Rt 3</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C. Rt 3</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C. Rt 3</u>
10) COLOR OR RACE <u>W</u>	16) COLOR OR RACE <u>W</u>	16) COLOR OR RACE <u>W</u>	16) COLOR OR RACE <u>W</u>
11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>Aiken Co</u>	18) BIRTHPLACE <u>Charleston S.C.</u>	18) BIRTHPLACE <u>Charleston S.C.</u>	18) BIRTHPLACE <u>Charleston S.C.</u>
13) OCCUPATION <u>Farmer</u>	19) OCCUPATION <u>Housewife</u>	19) OCCUPATION <u>Housewife</u>	19) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>3</u>	21) Number of children of this mother now living, including present birth <u>3</u>	21) Number of children of this mother now living, including present birth <u>3</u>	21) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M., on the date above stated. (Born alive or stillborn (Hour M. or P.M.))(23) (Signature) B. J. Wynn(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Aiken 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 5 10 19 23 (28) B. J. Wynn 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.

Registrar B. J. Wynn

Local Registrar.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF COLUMBIA, COLUMBIA, S. C.