

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		File No.—For State Registrar Only	
County of <i>Williamson</i>		STATE OF SOUTH CAROLINA		75109	
Township of <i>Johnson</i>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <i>41304</i>		Registered No. <i>87</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Rush Michel</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 3, 1914</i> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Mike Michel</i>			(14) NAME BEFORE MARRIAGE <i>Neola Jurett</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Johns River St</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Johns River St</i>		
(10) COLOR OR RACE <i>Negro</i>		(11) AGE AT LAST BIRTHDAY <i>33.1</i> (Years)	(16) COLOR OR RACE <i>Negro</i>		(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>			
(13) OCCUPATION <i>Lam hand</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Alive</i> at <i>3 P.</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Bare Williams</i>		(25) Address of Physician or Midwife <i>Johns River St</i>			
(24) State whether Physician or Midwife <i>Midwife</i>					
Given name added from a supplemental report		(26) Witness <i>R. L. Card</i> (Signature of Witness necessary only when question 23 is signed by mark)			
....., 19		(27) Filed <i>Sept 7, 1914</i> (28) <i>R. L. Card</i> Registrar 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.					