

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw

Township of Buffalo

OR
Inc. Town of

OR
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64908

Registration District No. 2700 Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child Joseph Edward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) TWIN or TRIPLET? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gregory West

(9) PRESENT POSTOFFICE OF FATHER Bethune

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Kershaw Co S.C.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Virgie Boyce

(15) PRESENT POSTOFFICE OF MOTHER Bethune

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

(18) BIRTHPLACE Kershaw Co S.C.

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born live at 2 am 6-9-16 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. A. M. (Aly) Bethune, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife mid wife R 2

Given name added from a supplemental report

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

(27) Filed July 10 1916 (28) J. H. McBeckell Local Registrar.

*When there was no attending physician or midwife, 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.

MAKE FAIRLY, WITH CELEBRATING 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.
 McCaw, of Columbia.