

(1) PAGE OF BOOK

CERTIFICATE OF BIRTH

County of Calhoun

STATE OF SOUTH CAROLINA.

Township of AndersBureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

Inc. Town of

Registration District No. 602Registered No. 77
(For use of Local Registrar)

City of

(No. 11 of 11 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Benjamin M. Buffie If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Male(4) Twin or Triplet? one(3) Number in order of birth 13(6) Are Parents Married? Yes(7) DATE OF BIRTH July 191923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry M. Buffie(9) PRESENT POSTOFFICE OF FATHER Fort Mott(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Not guilty(14) Number of children born to mother, including present birth Three

MOTHER

(14) NAME BEFORE MARRIAGE Annie M. Buffie(15) PRESENT POSTOFFICE OF MOTHER Fort Mott(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Calhoun Co(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child Phyllis Parker 9 a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Phyllis Parker

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Fort Mott S. C.

Given name added from a supplemental report

(25) Witness J. A. W. andley

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed 1923

(27) Local Registrar

(28) 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.

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