

(1) PLACE OF BIRTH

County of

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50455

Registration District No. 4001

Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child

John James Andrews

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

8

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 27 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Will Andrews

(9) PRESENT POSTOFFICE OF FATHER

Fingerville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43 (Years)

(12) BIRTHPLACE

Spartanburg

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Oliver

(15) PRESENT POSTOFFICE OF MOTHER

Fingerville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 6 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was (Name of child) on the date above stated. (Sign A. M. or P. M.)

(23) (Signature)

A. J. Burton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Campobello

Given name added from a supplemental report

, 191...

Registrar

(26) Witness

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

(27) Date

Mar 7 1916

(28)

A. J. Burton

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.

Fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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