CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
62974

(1) PLACE OF BIRTH

County of Anderson

Township of Broadway

or Inc. Town of ..... Registration District No. 301 Registered No. 51
(For use of Local Registrar)

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

(2) Full Name of Child Bertrena

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

(3) ~~BOY OR~~ GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Berry Stringer

(9) PRESENT POSTOFFICE OF FATHER Belton

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 64 (Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Scott

(15) PRESENT POSTOFFICE OF MOTHER Belton

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION Housewife

(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 at 1 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Palmer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 1 1916. (28) W. C. Campbell
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.

SEARCHER REGISTERED BOOK BINDING CO.
WHEREVER BLANKS, WHEN UNFASTENED INK—THEM IN A SEPARATE BOOKS.
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.
Chas. of Columbia.