

## (1) PLACE OF BIRTH

County of Union

Township of .....

or

Inc. Town of .....

or

City of Union (No. 7 Martin St.; 4 Ward)  
(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

53955

Registration District No. 42-A Registered No. 351

(For use of Local Registrar)

(2) Full Name of Child..... { 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 .....

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Mar, 14, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wendy Bud.(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE Caucas. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Union Co.(13) OCCUPATION Cook(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Johnson(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE Caucas. (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. K. Sarratt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Union S.C.

Given name added from a supplemental report

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

(27) Filed Mar 16 1916 (28) J. K. Sarratt 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.

FORM NO. 1  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark them FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.