

(1) PLACE OF BIRTH

County of Union
Township of Boysville
inc. Town of Buffalo

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

53969

Only

Registration District No. 473 Registered No. 14
(For use of Local Registrar)
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 Pearl Lorraina Wyatt If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Age Parents Married? Y (7) DATE OF BIRTH Nov. 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) NAME Arthur H. Wyatt
(9) BIRTHPLACE Buffalo S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Curcumbe Co. N.C.
(13) OCCUPATION mill work
(14) Number of children born to father including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Melmond
(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Spartanburg Co S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. P. Sallee
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report
W. B. 1916
W. M. Miller
Super Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) File 11-20-30-1916 (28) J. M. L. Woodward 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE RETURN for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.