

(1) PLACE OF BIRTH

County of LaurieTownship of Hyde

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14560

Only

Registration District No. 1586 Registered No. 42
(For use of Local Registrar)(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. John Alton Buis Jr. 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 6, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John Alton Buis
(9) PRESENT POSTOFFICE OF FATHER Summerville DC 374
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE DC
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 7MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Annimus Parnell
(15) PRESENT POSTOFFICE OF MOTHER Summerville DC 374
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE DC
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born alive at 8:15 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. W. B. B. B.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 1922 (28) R. M. Jones 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.