

## (1) PLACE OF BIRTH

County of *Oconee*Township of *Americus*or  
Inc. Town ofor  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Pertman*

(3) BOY OR GIRL?

*girl*

(4) Twin or Triplet?

*1*

(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

(Name of Month) (Day) (Year)

*May 10 1916*

(8) FULL NAME

*N E Pertman*

(9) PRESENT POSTOFFICE OF FATHER

*Newry Sile*

(10) COLOR OR RACE

*white*

(11) AGE AT LAST BIRTHDAY

*21*

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

*bottom mill opr*

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

*2*

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

*Newry Sile*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*23*

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

(23) (Signature) *J H Miller*

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

*mid*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Sept 1*

1916

(28)

*J E Hopkinz*

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.

MARGIN RESERVED FOR BINDING.

WRN

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.

Cav. of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

74100

Registration District No. *3504* Registered No. *43*

(For use of Local Registrar)

St.; ..... Ward)

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