

(1) PLACE OF BIRTH

County of Bamberg
Township of Bamberg

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63089

Registration District No. 400 Registered No. 58
(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. James Earl Besnyer 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 6/14/1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roy Besnyer

(9) PRESENT POSTOFFICE OF FATHER Denmark SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE Bamberg S.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Hightower

(15) PRESENT POSTOFFICE OF MOTHER Denmark SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Bamberg S.

(19) OCCUPATION Farmer wife

(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 Alive at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour or P.M.)

(23) (Signature) J. S. Houshens
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Denmark

Given name added from a supplemental report

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

(27) Filed 7/6/1916 (28) John Coover 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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FORM NO. 1
WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McGraw-Hill, Columbia

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