

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg

or
 Inc. Town of

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 Jameso Clark Berryman 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 Berryman

(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 2 or P.M.)

(23) (Signature) J. S. Hightower
 (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
 WHITE PAINLY, 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.

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