

Form No. 1

(1) PLACE OF BIRTH

County of **Ja JASPER**Township of **ROBT**or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

77661

80

Registered No.

(For use of Local Registrar)

(2) Full Name of Child **HY BURRSION**

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

(3) BOY OR GIRL? BOY	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? NO	(7) DATE OF BIRTH AUG 31 1916
To be answered only in event of Twins or Triplets				(Name of Month) (Day) 191 (Year)

FATHER.

(8) FULL NAME **COLO WRIGHT**(9) PRESENT POSTOFFICE OF FATHER **TILLMAN SC**(10) COLOR OR RACE **NEGRO** (11) AGE AT LAST BIRTHDAY **28** (Years)(12) BIRTHPLACE **NEAR TILLMAN**(13) OCCUPATION **PUBLIC WORK**(20) Number of children born to mother, including present birth { **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **NANCY BURRISON**(15) PRESENT POSTOFFICE OF MOTHER **TILLMANS C**(16) COLOR OR RACE **NEGRO** (17) AGE AT LAST BIRTHDAY **23** (Years)(18) BIRTHPLACE **TILLMAN SC**(19) OCCUPATION **FARM HELP**(21) Number of children of this mother now living, including present birth { **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **ALIVE 6 PM** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **D. A. GRANT**

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

WIFE TILLMAN SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed **9 21 1916** (28) **GECONNIFEE**

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.

WRITE PLAINLY, 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.

State of Columbia