

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6503

Registration District No. 400 Registered No. 45
 (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 Herman Donaldson (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/13/1912
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Herman Donaldson (9) NAME BEFORE MARRIAGE None
 (10) PRESENT POSTOFFICE OF FATHER Lus. S. C. (11) PRESENT POSTOFFICE OF MOTHER Lus. S. C.

(12) COLOR OR RACE Col (13) AGE AT LAST BIRTHDAY 23 (14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 16
 (Year) (Year)

(16) BIRTHPLACE Bamberg (17) BIRTHPLACE Bamberg

(18) OCCUPATION Porter (19) OCCUPATION None

(20) Number of children born to mother, including present birth: 1 (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 born at 7:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Wallace (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bamberg, S. C.

Give name added from a supplemental report:

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4/10/1912 (28) John A. Crow 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.