

(1) PLACE OF BIRTH

County of BarnwellTownship of 4. mixe

or

Inc. Town of

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

Registration District No. 506

File No.—For State Registrar Only
301

Registered No.
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

(3) BOY OR GIRL Boy(4) Twin or Triplet? ☒

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH (Name, Month, Day, Year)

(8) FULL NAME Robert Bush(9) PRESENT POSTOFFICE OF FATHER Ellenton SC(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Ellenton SC(13) OCCUPATION Farming(14) NAME BEFORE MARRIAGE Egyptine Bush(15) PRESENT POSTOFFICE OF MOTHER Ellenton SC(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Ellenton SC(19) OCCUPATION Farming

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

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

(22) I hereby certify that I attended the birth of this child, who was

(23) (Signature) Hermina Bourne(24) State whether Physician or Midwife Midwife(25) Address of Physician Ellenton SC(26) Address of Midwife Ellenton SC

(27) Given name added from a supplemental report

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

(29) Filed 1/16/22

(30) Local Registrar

(31) Registrar

(32) When there was no attending physician or midwife, then the father, householder, etc., should make his 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.