

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of P. C. Salterings

or

Inc. Town of

or

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

30795

Registration District No. 2601Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child

Milton Bung

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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 14, 22

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John Bung

(9) PRESENT POSTOFFICE OF FATHER

Pineblair, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Pineblair, S.C.

(13) OCCUPATION

Farming

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Netta Ann

(15) PRESENT POSTOFFICE OF MOTHER

Pineblair, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Ridgeland, S.C.

(19) OCCUPATION

Horse Keeper

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Grace L. L. L.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pineblair, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9/22/221922R. W. Roberts Jr.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMBIA, COLUMBIA, S. C.