

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH County of <u>Anderson</u> Township of <u>Centerville</u> or Inc. Town of or City of		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>303</u>		16 092960 FILE No.—For State Registrar Only <u>0103</u>	
		Registered No. (For use of Local Registrar)		Registered No.	
		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Ward	
2. FULL NAME OF CHILD <u>Richard I. Hedden Busby</u> If child is not yet named, make supplemental report as directed.					
3. Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents Married <input checked="" type="checkbox"/>
9. Full name		FATHER <u>Joe Winford Busby</u>		18. Name before marriage MOTHER <u>Minnie Mae Macaulay</u>	
10. Residence (mailing address) (If non-resident, give place and State)		<u>Anderson, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Anderson, S.C.</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>22</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>29</u> (Years)		
13. Birthplace (city or place) (State or country) <u>Anderson County, South Carolina</u>		22. Birthplace (city or place) (State or country) <u>Woodruff, S.C.</u>			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work <u>Dec. 8, 1916</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Teacher</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work <u>Apr. 10, 1913</u>		17. Total time (years) spent in this work <u>5</u> 26. Total time (years) spent in this work <u>2</u>	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead (c) Stillborn					
28. If stillborn, period of gestation		months	weeks	29. Cause of stillbirth	
				Before labor During labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 P.</u> m. on the date above stated. (Born alive or stillborn)					
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) <u>[Signature]</u> , M.D. or <u>[Signature]</u> , Midwife. Address <u>Anderson, S.C.</u> Filed <u>July 6</u> , 1940. <u>M.B. Woodward, MD.</u> Registrar. <u>Asst. State</u>					