

(1) PLACE OF BIRTH

County of Union
 Township of Boysville
 or Town of Buffalo, S.C.
 City of _____ (No. _____ St.; _____ Ward)
 (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
74991

Registration District No. H2B Registered No. 55
 (For use of Local Registrar)

(2) Full Name of Child JAMES PERRY QUINN { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Aug 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Furman Quinn

(9) PRESENT POSTOFFICE OF FATHER Washington M.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Buffalo S.C.

(13) OCCUPATION Soldier

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Glea Chambers

(15) PRESENT POSTOFFICE OF MOTHER Buffalo, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Haywood Co. N.C.

(19) OCCUPATION Domestic

(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 alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. C. J. Quinn
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report _____, 191...
 _____, 191...
 Registrar _____

(26) Witness J. C. Quinn Sr.
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 21 1916 (28) J. C. Rodwell 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.