

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Bethesdaor
Inc. Town of Don Moore plantationor
City of 5 Miles West of Rock Hill(2) Full Name of Child Jos. Busby Geech { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 9 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Levi Geech(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.(10) COLOR OR RACE Afro-American(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE York County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nevada Bernsby(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.(16) COLOR OR RACE Afro-American(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE York County(19) OCCUPATION Farm & Housework(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 alive, at 12:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Macon(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) A H Love(27) Filed 12/30/1917 (28) J. A. Macon Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report when a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
45021Registration District No. 4401Registered No. 127
(For use of Local Registrar)

St.: Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)