

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Rezer

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

5787

Registration District No. 38Registered No. 34
(For use of Local Registrar)

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

(2) Full Name of Child John Grues If child is not yet named, make supplemental report as directed3. BOY OR GIRL? Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH March 13, 1923
(Name of Month) (Day) (Year)8. FULL NAME John White FATHER. 14. NAME BEFORE MARRIAGE Dolly Ensley MOTHER.9. PRESENT POSTOFFICE OF FATHER Not known 15. PRESENT POSTOFFICE OF MOTHER Plyer St10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 19 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 19
(Years) (Years)12. BIRTHPLACE Tenn 18. BIRTHPLACE St13. OCCUPATION Mill work 19. OCCUPATION Mill work20. Number of children born to mother, including present birth One 21. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Blond at 6:30 M.,
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(23) (Signature) W. H. Shaw (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Plyer St

Given name added from a supplemental report

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

(27) Filed April 5, 1923 (28) W. H. Shaw 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH FADING INK—THIS IS A PERMANENT RECORD. 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 3.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.