

(1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Low StarCity of Low Star

(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

63330

Registration District No. 803Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child James Berdin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6</u> <u>14</u> <u>1916</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>David Berdin</u>				(14) NAME BEFORE MARRIAGE <u>Mr. Lader</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Low Star</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Low Star</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>33</u>	
(12) BIRTHPLACE <u>Low Star</u>		(18) BIRTHPLACE <u>Low Star</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 5 P (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Phillip S. Sall(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Low Star

Given name added from a supplemental report

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Registrar

(26) Witness M. J. Sall
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 22 1916 (28) J. D. S. Sall
Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

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