

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

80468

(1) PLACE OF BIRTH
County of Calhoun
Township of Ormeville
or
Inc. Town of Louetta
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hannah Buckman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? _____ (4) Twin or Triplet? _____ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 1 1916
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Albert Buckman</u>		(14) NAME BEFORE MARRIAGE	<u>Buler Buckman</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Fort Motte S C</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Fort Motte S C</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE	<u>Fort Motte S C</u>		(18) BIRTHPLACE	<u>Fort Motte S C</u>	
(13) OCCUPATION	<u>Farming</u>		(19) OCCUPATION	<u>Wife</u>	
(20) Number of children born to mother, including present birth	}		(21) Number of children of this mother now living, including present birth	}	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Buckman
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Fort Motte S C

Given name added from a supplemental report

(26) Witness Mrs. J. D. Stoudermire
(Signature of Witness necessary only when question 23 is signed by _____)

(27) Filed Oct 10 1916 (28) J. D. Stoudermire 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 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.

McCauley of Columbia