

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 Prineville
 or
 Inc. Town of Lone Star
 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 Home Buckman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>2</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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>			(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>			(16) COLOR OR RACE <u>Negro</u>	
(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 { <u>2</u>			(21) Number of children of this mother now living, including present birth { <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ (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

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

(27) Filed

Oct 10 1916

(28)

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.

McCaw, of Columbia