(1) PLACE OF BIRTH

County of ~~Berkeley~~ Lexington

Township of Beech Swamp

or

Inc. Town of ..... Registration District No. 3102

or

City of ..... (No. ..... St.: ..... Ward)

(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

32522

Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Alma Busby

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? X

(5) Number in order of birth X

(Is to be reported only in event of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 15, 1905 (Month) (Day) (Year)

FATHER.

(8) FULL NAME M. Hubert Busby

(9) PRESENT POSTOFFICE OF FATHER Swansea, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 Years

(12) BIRTHPLACE Lexington County, S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fremmer Hutto

(15) PRESENT POSTOFFICE OF MOTHER Swansea, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Aiken County, S.C.

(19) OCCUPATION 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 born alive at 12 M. (Born alive or stillborn.) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) L. C. Brooker M.D.

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Swansea, S.C.

Given name added from a supplemental report

Apr 6, 1916

Registrar

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

(27) Filed Apr 12 1916

(28) J. H. Stanford 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.

Registrar ..... Local Registrar.

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