

## (1) PLACE OF BIRTH

County of FlamuccTownship of Hammockor Town of Kymau 8Cor City of R.R.

(If birth occurred 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

3897

Registration District No. 2016Registered No. 6

(For use of Local Registrar)

(No. St. Ward)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Girl</u>	(2) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 12, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <u>Leo Stone</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Suife</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Kymau 8C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kymau 8C</u>	
(8) COLOR OR RACE <u>white</u>	(9) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(18) BIRTHPLACE <u>SC</u>
(10) BIRTHPLACE <u>8C</u>	(11) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>housewife</u>	(20) Number of children of this mother now living, including present birth <u>One</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(24) (Signature) W.H. Fawcett

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife  
Vamp 8C

Given name added from a supplemental report

(27) Witnesses

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

(28) Filed 12/2 1923

(29) 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.

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