

Form No. 1

## (1) PLACE OF BIRTH

County of SeafordTownship of 11or  
Inc. Town of 11or  
City of 11

(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

1615

Registration District No. 3109 Registered No. 143  
(For use of Local Registrar)(No. 11 St. 11 Ward 11)(2) Full Name of Child Suey Payelle Sons (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth <u>1</u>	(4) Sex <u>yes</u>	(5) DATE OF BIRTH <u>Feb. 19, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(6) FULL NAME Sott Sons(7) PRESENT POSTOFFICE OF FATHER Seaford SC(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 20 (Year)(10) BIRTHPLACE Seaf. Co.(11) OCCUPATION Day life(12) Number of children born to mother, including present birth 4

## MOTHER.

(13) NAME BEFORE MARRIAGE Beulah Sons(14) PRESENT POSTOFFICE OF MOTHER Seaford SC(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 24 (Year)(17) BIRTHPLACE Seaf. Co.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Bear A. M. or P. M.)(21) (Signature) S. F. Roberts(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Seaford SC

(Given name added from a supplemental report)

(24) Witness Dr. S. F. Roberts

(Signature of Witness necessary only when question 22 is signed by mark)

(25) Filed Jan 10, 1924 (26) Dr. C. E. Zehn 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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