

## (2) PLACE OF BIRTH

County of Bamberg  
Municipality of Fish Creekor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. - For State Registrar Only  
**12933**Registration District No. 402Registered No. 15  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Sarah Louise Stokes If child is not yet named, make supplemental report as directed(2) SEX OF CHILD Girl (4) Twin or Triplet  
(3) Number in order of birth (5) Are Parents Married? Yes (6) DATE OF BIRTH Aug 2 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Albert Stokes(9) PRESENT POSTOFFICE OF FATHER Branchville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Year)(12) BIRTHPLACE Branchville SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Rhoads Stokes(15) PRESENT POSTOFFICE OF MOTHER Branchville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
(Year)(18) BIRTHPLACE Branchville SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born at 1301 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. B. Stokes

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

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

(26) Filed 729 1923 (27) J. B. Stokes 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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