

(1) PLACE OF BIRTH

County of Bamberg
Township of
or
Inc. Town of
or
City of Bamberg

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12912

Registration District No. 4a Registered No.
(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.)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parent <u>Married</u>	(7) DATE OF BIRTH <u>July 15 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) NAME BEFORE MARRIAGE <u>Robert Aswell</u>			(14) NAME BEFORE MARRIAGE <u>Tharrie Colcland</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>35</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>	
(12) BIRTHPLACE <u>Bamberg SC</u>			(18) BIRTHPLACE <u>Euhaw SC</u>	
(13) OCCUPATION <u>Wheelwright</u>			(19) OCCUPATION <u>Domestic</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 born alive at 9:15 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Robert Black (24) Address of Physician or Midwife
2125 Bamberg SC

Given name added from a supplemental report

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

(26) Filed 6-9-23 (27) Local Registrar
John Bauer

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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