(1) PLACE OF BIRTH

County of Georgetown

Township of 0.8.4

or

Inc. Town of .....

or

City of Georgetown S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21027

Registration District No. 402 Registered No. 39

(For use of Local Registrar)

(Black River Road 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 Pothie Bennett Atkinson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet X

(5) Number in order of birth X

To be accepted only in event of Twins or Triplets

(6) Are Parents Married Yes

(7) DATE OF BIRTH July 25 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pothie Bennett Atkinson

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

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Rhems, S.C.

(13) OCCUPATION Blacksmith

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Bertha Lucas

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 3 45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) N. D. Beckham

(24) State whether Physician or Midwife Physician

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

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness .....

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

(27) Filed Aug. 19 23 (28) Mrs. R. T. King 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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