

## (1) PLACE OF BIRTH

County of Dahinda  
 Township of # 2  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**32036**

Registration District No. 39.07 .. dat 89 .. Registered No. 69 ..  
 (For use of Local Registrar)

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

(2) Full Name of Child Sarah Lou Poe

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME George J. Poe  
 (9) PRESENT POSTOFFICE OF FATHER Ridge Spring  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 ..  
 (Year)  
 (12) BIRTHPLACE Lawnmeades, Ky.  
 (13) OCCUPATION Dairyman  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Anne Darr  
 (15) PRESENT POSTOFFICE OF MOTHER Ridge Spring  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 ..  
 (Year)  
 (18) BIRTHPLACE Cheshire Ohio  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 15

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive .. at 9:45 .. A.M.,  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) D. B. Fountis MD  
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report 1

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

(27) Filed Oct 10 1922 (28) J. W. Crouch 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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THIS IS A PERMANENT RECORD  
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE BY COLUMBIA, COLUMBIA, D. C.

MCCAS