

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Bishopville

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

43364

Registration District No. 3000Registered No. 72

(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 DeCree Sweetenberg If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Dec 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEDavid Sweetenberg(9) PRESENT
POSTOFFICE
OF FATHERBishopville S.C.(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY22
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Day Labor(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEEstelle Addison(15) PRESENT
POSTOFFICE
OF MOTHERBishopville S.C.(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY16
(Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

Day Labor(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jessie Franklin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bishopville S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 1, 1923(28) Jessie H. J. Laney

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.