

(1) PLACE OF BIRTH

County of Calthoun
 Township of Line Grove
 Inc. Town of Line Star Se
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10203

Registration District No. 803 Registered No. 36
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (if birth occurs in a hospital or other institution, give name of street and number.)

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

(1) SEX OR GIRL (2) Twin or Triplet? 1 (3) Number in order of birth 1 (4) Are Parents Married? yes (5) DATE OF BIRTH Apr 7 1927
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Miss Bayou
 (7) PRESENT POSTOFFICE OF FATHER 7th Mile S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 17 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Mann
 (15) PRESENT POSTOFFICE OF MOTHER 7th Mile S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Wife
 (21) Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 7th Mile S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. S. Stoddard
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Apr 15 1927 (28) J. S. Stoddard 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.