

## (1) PLACE OF BIRTH

County of AlfordTownship of Willitt

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District W.B. 24

30888

Registered No. 24  
(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 Bernice (If child is not yet named, make supplemental report as directed)(3) SEX Girl (4) Type of Birth Normal (5) Number in order of birth 1 (6) Is mother living yes (7) DATE OF BIRTH Sept. 5, 1923

FATHER.		MOTHER.	
(8) FULL NAME <u>Anderson Barn</u>	(14) NAME BEFORE MARRIAGE <u>Martha +</u>	(9) PRESENT RESIDENCE OF FATHER <u>Hattieville SC</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Hattieville SC</u>
(10) COLOR <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>House Work</u>	(20) OCCUPATION <u>One</u>
(21) Number of children born to mother, including present birth <u>One</u>	(22) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Born A. M. or P. M.)(24) (Signature) Sarah Rich (25) Address of Physician or Midwife W.B. 24

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
<u>Oct 24</u>	<u>Oct 24</u>
(27) Local Registrar	

When child is born, father, householder, etc., should make this return. No report is desired of stillbirths or abortions or pregnancy.