

1.

1) PLACE OF BIRTH

County of Lincoln
 Township of 13th
 or
 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

38553

Registration District No. 2, 800 Registered No. 18
 (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 Birney Sista

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

BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH September 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

FULL NAME Ward Sista
 PRESENT POSTOFFICE OF FATHER Lincoln S.C.
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 BIRTHPLACE S.C.
 OCCUPATION Farmer
 Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Landmark
 (15) PRESENT POSTOFFICE OF MOTHER Lincoln S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 BIRTHPLACE S.C.
 OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Sista (25) Address of Physician or Midwife Lincoln S.C.
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 10 1923 (28) W. H. Sista 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.