

(1) PLACE OF BIRTH

County of Bamberg
Township of Bamberg

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. for this register only

2873

Inc. Town of Registration District No. 400 Registered No. 76
(For use of Local Registrar)City of (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 Josie Lee Annick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) TO WHOM?

(5) Number in order of birth 3(6) Are Parents Married? Y(7) DATE OF BIRTH 2 9 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 49
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Cutler(16) PRESENT POSTOFFICE OF MOTHER Rees, SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 51
(Years)(19) BIRTHPLACE Barnwell Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. H. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Phys. Barnwell Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3 1 23

(28)

John Power
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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