

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

or

Inc. Town of Dillon

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 16-ARegistered No. 14  
(For use of Local Registrar)(2) Full Name of Child Jack Sapp

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>✓</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Feb. 18</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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## FATHER.

6) FULL NAME Benjamin Harrison Sapp8) PRESENT POSTOFFICE OF FATHER Dillon, S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 34 (Year)12) BIRTHPLACE Winston Salem, N.C.13) OCCUPATION Printer20) Number of children born to mother, including present birth 5

## MOTHER.

14) NAME BEFORE MARRIAGE Mattie Seill16) PRESENT POSTOFFICE OF MOTHER Dillon S.C.18) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 35 (Year)19) BIRTHPLACE Danville, Va.21) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:05 a. on the date above stated. (Hour M. or P. M.)(23) (Signature) P. R. Craig(24) State Physician or Midwife(25) Address of Physician or Midwife Dillon, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed in ink)

(27) Filed Feb 21 19 23(28) B. J. Williams 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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