

(1) PLACE OF BIRTH

County of Bamberg
 Township of
 or
 Inc. Town of
 or
 City of Bamberg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20997

Registration District No. 4A Registered No. 74
 (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

Elizabeth

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

3) Sex OR Girl (4) Twin or Triplet? 2 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1, 1932
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Anna B. Black Jr.

9) PRESENT POSTOFFICE OF FATHER Bamberg SC

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Years)

12) BIRTHPLACE Bamberg SC

13) OCCUPATION Live Stock Dealer & Farmer

20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Margaret Moore

15) PRESENT POSTOFFICE OF MOTHER Bamberg SC

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (Years)

18) BIRTHPLACE Charleston SC

19) OCCUPATION Domestic

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 born alive at 8:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robt Black

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

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

(27) Filed 8/10 19 37 (28) John C. Bone 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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