

(1) PLACE OF BIRTH

County of **Darlington**
 Township of
 OF
 Inc. Town of **Hartsville**.....
 OF
 City of

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

Registration District No. **1573**

File No.—For State Registrar Only
17333

Registered No. **63**
 (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

Ernest Tillman Bass

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

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **June 9 23**
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Ernest Tillman Bass**

(9) PRESENT POSTOFFICE OF FATHER **Hartsville**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **29**
 (Years)

(12) BIRTHPLACE **Darlington Co**

(13) OCCUPATION **Clerk Dep't store**

(20) Number of children born to mother, including present birth **1th**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Barah Francis King**

(15) PRESENT POSTOFFICE OF MOTHER **Hartsville**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **25**
 (Years)

(18) BIRTHPLACE **Darlington Co**

(19) OCCUPATION **house wife**

(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 **Alive** **5:00 P. M.**
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) **J. F. Lawrence**(24) State whether Physician or Midwife **M. D.**(25) Address of Physician or Midwife **Hartsville**

Given name added from a supplemental report

(26) Witness

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

(27) Filed **June 13 23**

(28)

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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