

(1) PLACE OF BIRTH

County of UnionTownship of Bogansvilleor
Inc. Town of Buffaloor
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

File No.—For State Registrar Only

92012

Registration District No. 42BRegistered No. 89

(For use of Local Registrar)

(2) Full Name of Child Enla Belle Sizemore

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 18 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lee Sizemore(9) PRESENT POSTOFFICE OF FATHER Buffalo SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Baconville Co NC(13) OCCUPATION mill work(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Vess(15) PRESENT POSTOFFICE OF MOTHER Buffalo SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE McDonnell C NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. P. Salley(24) State whether Physician or Midwife m. o. (25) Address of Physician or Midwife Buffalo, S.C.

Given name added from a supplemental report

affid.11/6/44, 1916L. A. Risner, M.D. Registrar

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

(27) Filed Dec 30, 1916 (28) J. M. L. Woodward Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If fifth month of pregnancy.

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