

## (1) PLACE OF BIRTH

County of Dillon

Township of .....

Inc. Town of Dillon, S.C.

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

No. for this register

39904

Registration District No. 16-ARegistered No. 546

(For use of Local Registrar)

(2) Full Name of Child Janna Frank Sturgeon

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

(1) SEX OR CHILD

Boy

(2) Type or Trade

Is in general use in case of Trade or Trade

(3) Number in order of birth

(4) Age

yes

(5) DATE OF BIRTH

Dec 14 1923

(Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME

C. D. Sturgeon

(7) PRESENT RESIDENCE OF FATHER

Forestown, S.C.

(8) COLOR OR RACE

white

(9) AGE AT LAST BIRTHDAY

27

(10) BIRTHPLACE

S. C.

(11) OCCUPATION

Railroad Station Agent

## MOTHER.

(12) NAME BEFORE MARRIAGE

Kate Hamilton

(13) PRESENT RESIDENCE OF MOTHER

Forestown, S.C.

(14) COLOR OR RACE

white

(15) AGE AT LAST BIRTHDAY

25

(16) BIRTHPLACE

S. C.

(17) OCCUPATION

Housewife

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

3

(19) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

Dr. McChesney

(22) State whether Physician or Midwife

Physician

(23) Address of Physician or Midwife

Dillon, S.C.

Given name added from a supplemental report

(24) Witness

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

(25) Filed

Dec 15 1923 (26) B. 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.

REGISTRAR

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