

PLACE OF BIRTH

City of Williamsburg
 County of Suttons
 or
 Town of
 or
 of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16219

Registration District No. 4312 Registered No.14.....
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Jane June If child is not yet named, make supplemental report as directed

(1) Sex girl (2) Twin or Triplet (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH May 23, 1923
 (Name of Month) (Day) (Year)

FATHER.

NAME John June
 PRESENT POSTOFFICE Suttons
 COLOR (11) AGE AT LAST BIRTHDAY 28
 RACE white (Years)
 BIRTHPLACE Suttons

OCCUPATION farmer

Number of children born to father, including present birth 1 3

MOTHER.

(14) NAME BEFORE MARRIAGE June Eady
 (15) PRESENT POSTOFFICE Suttons
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE Georgia

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Willie McArthur (23) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed May 24, 1923, (28) R. P. Himmick Local Registrar

If 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.