

Form No. 1

## (1) PLACE OF BIRTH

County of Horry  
 Township of Fruitland  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28849

Registration District No. 2507 Registered No. 61  
 (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 Gaddy T. Bessum (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH July 9, 1923  
 To be answered only in case of Twin or Triplet (Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. B. Bessum  
 (9) PRESENT POSTOFFICE OF FATHER Little River S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Little River S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth One

## MOTHER.

(15) NAME BEFORE MARRIAGE Ieda Griffin  
 (16) PRESENT POSTOFFICE OF MOTHER Little River  
 (17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 25  
 (19) BIRTHPLACE 72 C.  
 (20) OCCUPATION Farm & Housework  
 (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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Bessum  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little River

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 12, 1923 (28) C. C. McCarty Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.