

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 Inc. Town of.....  
 City of.....

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

File No.—For State Registrar Only  
**31697**

Registration District No. 400 Registered No. 157  
 (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.)

## (2) Full Name of Child

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

(3) SEX Boy (4) Twin or Triplet No (5) Number in order at birth No (6) Are Parents Married No (7) DATE OF BIRTH 11/6/23  
 (Name) (Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Maline Smith  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg SC  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 16  
 (12) BIRTHPLACE Bamberg SC (13) OCCUPATION Farming  
 (14) NAME BEFORE MARRIAGE Maline Smith  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg SC  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16  
 (18) BIRTHPLACE Bamberg SC (19) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth One  
 (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 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robt Black  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg SC

(Given name added from a supplemental report)

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

(27) Filed 11/7/23 (28) Sam Souder 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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