

(1) PLACE OF BIRTH

County of Wilmington
 Township of Sharon
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14-For this register

34142

Registration District No. 4.3.14 Registered No. 4.3
 (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 Coretha Sessions If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Type of Free (5) Number in order of birth 1st (6) Date of BIRTH July 28 28
 To be answered only in event of Twins or Triplets

FATHER.
 (10) FULL NAME William Sessions
 (11) PRESENT RESIDENCE OF FATHER Hemingway S. C.
 (12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 23
 (14) BIRTHPLACE S. C.
 (15) OCCUPATION laborer

MOTHER.
 (16) NAME BEFORE MARRIAGE Sallie Barr
 (17) PRESENT RESIDENCE OF MOTHER Hemingway S. C.
 (18) COLOR OR RACE negro (19) AGE AT LAST BIRTHDAY 22
 (20) BIRTHPLACE S. C.
 (21) OCCUPATION domestic

(22) Number of children born to mother, including present birth 1 (23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive 3 P.
 on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) [Signature]
 (26) State whether Physician or Midwife Midwife (27) Address of Physician or Midwife Hemingway S. C.

Given name added from a supplemental report
 (28) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (29) Filed Aug 1 1923 (30) 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.

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