

## (1) PLACE OF BIRTH

County of North.....Township of Smithville.....or  
Inc. Town of.....or  
City of.....(No. .... St.; .... Ward)  
(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

File No.—For State Registrar Only

19491

Registration District No. 3306... Registered No. 30.....  
(For use of Local Registrar)(2) Full Name of Child Gracy Sessoms..... { If child is not yet named, make supplemental report as directed

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4</u> ....., 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL  
NAME Willie Sessoms,(9) PRESENT  
POSTOFFICE  
OF FATHER Osborne, N.C.(10) COLOR  
OR  
RACE White, (11) AGE AT LAST  
BIRTHDAY... 24.....  
(Years)(12) BIRTHPLACE  
S.C.(13) OCCUPATION  
Farmer,(20) Number of children born to  
mother, including present birth { 4.....

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lillie Bell Quick,(15) PRESENT  
POSTOFFICE  
OF MOTHER Osborne, N.C.(16) COLOR  
OR  
RACE White, (17) AGE AT LAST  
BIRTHDAY... 10.....  
(Years)(18) BIRTHPLACE  
S.C.(19) OCCUPATION  
House Work,(21) Number of children of this mother  
now living, including present birth { 0.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was..... at 5 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Williams,

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Kollock, S.C.Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 10....., 1922. (28) W. H. Priest  
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.

THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.