

PERMANENT RECORD.  
FOR EACH CHILD, and mark the  
in question 5.

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

23 048087

File #

20401-7

(1) PLACE OF BIRTH

County of Sumter  
Township of Stateburg  
or  
Inc. Town of.....  
or

Registration District No. 4.1.1.9 Registered No. 43...  
(For use of Local Registrar)

City of ..... (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 Barthleen Sadies {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH June 3, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Horea Sadies  
(9) PRESENT POSTOFFICE OF FATHER Wabell. S.C.  
(10) COLOR col (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION farmer  
(14) Number of children born to including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Laura Sadies  
(15) PRESENT POSTOFFICE OF MOTHER Wabell. S.C.  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION farmlaborer  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was... alive... nt. 8.4.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Horea Sadies

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wabell. S.C.

Added from a supplemental report

(26) Witness

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

(27) Filed

Aug. 23, 1923

(28)

Benny Sanders Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.