

(1) PLACE OF BIRTH
Greenwood

County of **Hedges**

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Jesse Claborn**

No. for State Registrar Only
30582

(3) BOY OR GIRL: **Male** (4) Twin or Triplet? **No** (5) Number in order of birth: **No** (6) Are Parents Married? **No** (7) DATE OF BIRTH: **Sep. 29, 20**
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME:
(9) PRESENT POSTOFFICE OF FATHER:
(10) COLOR OR RACE: (11) AGE AT LAST BIRTHDAY: (Year)
(12) BIRTHPLACE:
(13) OCCUPATION:
(20) Number of children born to mother, including present birth: **9**

MOTHER:
(14) NAME BEFORE MARRIAGE: **Leuvenia Anderson**
(15) PRESENT POSTOFFICE OF MOTHER: **Hedges S.C.**
(16) COLOR OR RACE: **Colored** (17) AGE AT LAST BIRTHDAY: **38** (Year)
(18) BIRTHPLACE: **South Carolina**
(19) OCCUPATION: **Farm hand**
(21) Number of children of this mother now living, including present birth: **9**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
(22) I hereby certify that I attended the birth of this child, who was **Alive** at **12** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Irabella Anderson**
(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Hedges S.C.**

Given name added from a supplemental report:
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark):
(27) Registrar **S. L. Briscoe** (Local Registrar)

*When there was no attending physician or midwife, 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 seventh month of pregnancy.