

(1) PLACE OF BIRTH

County of Florence
 Township of or
 Inc. Town of or
 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

Sonja Wardeburg
 To be answered only in event of Twins or Triplets

CERTIFICATE OF BIRTH

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

File No. for State Register Only

24425

Registration District No. 200.5

Registered No. 35
 (For use of Local Registrar)

St. Ward 0

(No. If child is not yet named, make supplemental report as directed.)

Date of Birth: Aug. 28, 1923
 (Name of Month) (Year)

Boy or Girl

Type of Birth

Number in Order of Birth
 (To be answered only in event of Twins or Triplets)

Sex: Girl

Date of Birth:

Aug. 28, 1923

FATHER

Name and Address

Florence Co.

Color

Cop.

Age at last birthday

23

Place of Birth

Florence Co.

OCCUPATION

Farm

Number of children born to mother, including present birth

1 3

MOTHER

Name before marriage

Della Zaudas

Name and Address

Florence Co.

Color

Cop.

Age at last birthday

21

Place of Birth

Florence

OCCUPATION

Dom.

Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was old (Name, Dr., M.D., M.B., or P.M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Attis S.A.
 Matilda Berrett
 midwife

Gives name added from a supplemental report

(26) WITNESS

(Signature of Witness necessary only when question 28 is signed by mark)

(27) Printed Name Aug. 31, 1923 (28) Signature

P. A. Brusham

When there was no attending physician or midwife, then the father, householder, etc., should make out report if a child breathes even once. It must not be reported as stillborn. No report is desired of conception before the fifth month of pregnancy.

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 Registrar