

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood
 Township of Greenwood
 or
 Inc. Town of _____
 or
 City of South Greenwood

Standard Certificate of Birth

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

23 046606

only

Registration District No. 2306 Registered No. 70
 (For use of Local Registrar)

2. FULL NAME OF CHILD Vernon Calvin Sexton If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature <u>no</u> Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of Birth <u>Apr. 15</u> , 19 <u>33</u> (Month, day, year)	
9. Full name <u>Fred Sexton</u> FATHER				18. Name before marriage <u>Mattie Elizabeth Stridge</u> MOTHER			
10. Residence (mailing address) <u>South Greenwood S.C.</u> (If non-resident, give place and State)				19. Residence (mailing address) <u>South Greenwood S.C.</u> (If non-resident, give place and State)			
11. Color or race <u>white</u>		12. Age at last birthday <u>22</u> (Years)		20. Color or race <u>white</u>		21. Age at last birthday <u>18</u> (Years)	
13. Birthplace (city or place) <u>Georgia</u> (State or country)				22. Birthplace (city or place) <u>South Greenwood S.C.</u> (State or country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Spinner</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Spooler</u>	
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Mill</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Cotton Mill</u>	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>14 yrs</u>		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work <u>3 yrs</u>	
27. Number of children of this mother (At time of birth and including this child) <u>2</u> (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....							
28. If stillborn, period of gestation..... months weeks			29. Cause of stillbirth..... Before labor..... During labor.....				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.M. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }

(Signed) J. L. Ward, M.D.

Given name added from _____
 a supplementary report..... (Date of) _____

or _____, Midwife.

Address Greenwood, S.C.

Filed June 5, 1933 Julia Lee

Registrar.

Registrar.