

(1) PLACE OF BIRTH

County of Fairfield
 Township of 8

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

42737

Inc. Town of Registration District No. 1907 Registered No. 56
 (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 Jessie T. Sterling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH November 24 1925
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Almadge Sterling
 (9) PRESENT POSTOFFICE OF FATHER Ridgeway, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Fairfield County
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Matie Jones
 (15) PRESENT POSTOFFICE OF MOTHER Ridgeway, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Fairfield County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

22) I hereby certify that I attended the birth of this child, who was born alive 10:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold V. Gibson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeway, S.C.

Given name added from a supplemental report 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 18 1926 (28) J. C. [Signature] Local Registrar

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

WHEN PLEASED, WITH CHILDING INK, WRITE IN A PREPARATION FOLDER, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 M. C. W. of Columbia. PRINT-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 8.
 IN WHICH REMOVED FROM THE ORIGINAL RECORDS.