

(1) PLACE OF BIRTH

County of *Greene*Township of *Ridgely Springs*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *216*

File No. — For State Registrar Only

*96*Registered No. *5*
(For use of Local Registrar)

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 *Stanfield Friday*

(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married *Yes*(7) DATE OF BIRTH *Jan 2 1922*

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER

Robt Friday(9) PRESENT POSTOFFICE OF FATHER *Wasson*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *36*

(Years)

(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farm*

MOTHER

(14) NAME BEFORE MARRIAGE *Essie Steatman*(15) PRESENT POSTOFFICE OF MOTHER *Wasson*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *33*

(Years)

(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm*(20) Number of children born to mother, including present birth *7*(21) Number of children of this mother now living, including present birth *16*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.* M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) *Marian Gantt*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Wasson*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed *Jan 16 1922*

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(28)

Registrar

Local Registrar

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