

(1) PLACE OF BIRTH

County of BarnbergTownship of Buford BridgeInc. Town of Clay

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Registration District No. 401 Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Leary Hearse

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 19, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME not known

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Estella Hearse(15) PRESENT POSTOFFICE OF MOTHER Clay Se(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY..... (Years) 20(18) BIRTHPLACE Barnberg Co(19) OCCUPATION farm work.(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ernie Grant(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clay Se

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6, 1923 (28) J. E. Bennett Local Registrar

*When there was no attending physician or midwife, then the father, 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.

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