

Form No. 3

(1) PLACE OF BIRTH

County of Shenice

Township of

or
Inc. Town of

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 Register Only

28294

Registration District No. 2005 Registered No. 41
(For use of Local Registrar)(2) Full Name of Child Edna Sue (No. Shenice Co. St. Ward)
If child is not yet named, make supplemental report as directed

7) BOY OR GIRL <u>boy</u>	8) Type or Tissue To be answered only in event of Twin or Triplet	9) Number in order of birth	10) Are Parents Married <u>yo</u>	11) DATE OF BIRTH <u>Sept 26 23</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME Damon Sue(7) PRESENT POSTOFFICE OF FATHER Shenice Co.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Shenice Co.(13) OCCUPATION Works at Hammer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Grace G. Wesley(15) PRESENT POSTOFFICE OF MOTHER Shenice Co.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Shenice Co.(19) OCCUPATION Domestic(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 alive at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Burnett(24) State whether Physician or Midwife (25) Address of Physician or Midwife
W. W. W. W.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 4 1923 (28) P. H. Busham
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must be reported as stillborn. No report is desired of children before the fifth month of pregnancy.