

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Enclave

(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

No. 1a.—For State Registrar Only

5072

Registration District No. 38Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child Fred Sammons Jr.

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>No</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Feb 4 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Fred Sammons(9) PRESENT POSTOFFICE OF FATHER Enclave(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Elveta Washington(15) PRESENT POSTOFFICE OF MOTHER Enclave(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION —(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 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Murphy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Enclave

(Given name added from a supplemental report)

(26) Witness J. B. LaBorde, M.D.  
(Signature of witness necessary only when question 22 is signed by mark)(27) Registrar J. B. LaBorde, M.D.

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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FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1  
Bureau of Columbia, Columbia, S. C.