

(1) PLACE OF BIRTH

County of Darlington
 Township of Hartsville
 or
 Inc. Town of Hartsville
 or
 City of

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

File No. — For State Registrar Only
29828

Registration District No. 15 B Registered No. 101
 (For use of Local Registrar)
 St. Ward

(2) Full Name of Child Asbury Norman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Asbury Norman
 (9) PRESENT POSTOFFICE OF FATHER Hartsville
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE Manning S.C.
 (13) OCCUPATION Brick Mason
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Golden Lighty
 (15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Darlington Co.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born at 9 A.M.,
 (Born alive or stillborn) (Hour, M. or P. M.)
 on the date above stated.

(22) (Signature) Dr. J. W. Sullivan
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife 110

Given name added from a supplemental report

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

(26) Filed Oct 19 22 (27) Local Registrar M. J. H. Hays

*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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