

PLACE OF BIRTH

Bamberg

City of .....

Town of .....

County of .....

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

Full Name of Child .....

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

FATHER.

Henry Overman

PRESENT OFFICE OF FATHER

Bamberg SC

COLOR

White

AGE AT LAST BIRTHDAY

24

BIRTHPLACE

Snoaks S.C.

OCCUPATION

Textile

Number of children born to

father, including present birth

2

## CERTIFICATE OF BIRTH

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

Registration District No. H.A.

Registered No. 1.6

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

DATE OF BIRTH

9/7/23

(Name of Month) (Day) (Year)

MOTHER.

Louise Boyd

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Coker Co SC

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician or Midwife

Barb Black

(25) Signature of Physician or Midwife

Barb Black

Name added from a supplemental report

(26) Witness

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

(27) Filed

3/11/24

(28)

Local Registrar

If 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.