

(1) PLACE OF BIRTH

County of Jasper
 Township of Patallago
 or
 Inc. Town of
 or
 City of

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

File No. - For this Register Only
44008

Registration District No. 2601 Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Becca Bayley If child is not yet named, give supplemental report as directed

(3) SEX OR AGE
Girl (4) Twin or Triplet
No (5) Number in order of birth
1 (6) Are Parents Married
Yes (7) DATE OF BIRTH
Sept 23 1923
 (Name of child) (Sex) (Year)

FATHER.
 (8) FULL NAME But Bayley
 (9) PRESENT POSTOFFICE OF FATHER Early Branch
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Year)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION ?
 (14) NAME BEFORE MARRIAGE Barab Bayley
 (15) PRESENT POSTOFFICE OF MOTHER Early Branch
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION ?
 (20) Number of children born to mother, including present birth 1
 (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 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Hettie Owens
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Early Branch

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 2601 (28) R. W. Roberts
 Registrar

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.