

(1) PLACE OF BIRTH

County of Calhoun
 Township of Lyons
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 34974 for State Registrar Only

Registration District No. 82

Registered No. 114
 (For use of Local Registrar)

City of (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 Sarah Berry If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Age of Child no (6) DATE OF BIRTH 11 18 13
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Badley Berry
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23
 (Year) (12) BIRTHPLACE Charleston
 (13) OCCUPATION Painter
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort SC
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 30
 (Year) (18) BIRTHPLACE Beaufort SC
 (19) OCCUPATION Domestic
 (20) 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 born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Korman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Beaufort SC

(Given name added from a supplemental report)

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

(27) Filed Nov 15 23 W. T. Keller

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