

(1) PLACE OF BIRTH

County of AikenTownship of Sleepy Hollow

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12635Registration District No. 212Registered No. 2
(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 in ill. name of child

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

(3) SEX OR CHILD <u>girl</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>41</u>	(7) DATE OF BIRTH <u>11/22/23</u>
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FATHER.

MOTHER.

(8) FULL NAME <u>George Oakman</u>	(9) NAME BEFORE MARRIAGE <u>Katharine</u>
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(10) PRESENT RESIDENCE OF FATHER <u>Hantrawick</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Hantrawick</u>
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(11) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY <u>44</u>	(13) COLOR OR RACE <u>Colored</u>	(14) AGE AT LAST BIRTHDAY <u>41</u>
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(15) BIRTHPLACE <u>Aiken, S. C.</u>	(15) BIRTHPLACE <u>Aiken, S. C.</u>
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(16) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Housewife</u>
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(17) Number of children born to mother, including present birth <u>1 1 2</u>	(17) Number of children of this mother now living, including present birth <u>1 1 2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(21) (Signature) Sybilina Jackson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed 11/23/23 (26) J. T. Owens Local Registrar

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.