

(1) PLACE OF BIRTH

County of UpsonTownship of ShirleyNo. 1 of 1City of Waynesboro

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

29514

Registration District No. 3 Registered No. 1
(For use of Local Registrar)(No. 1 of 1 Ward)
(If birth occurs in hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Elizabeth Stone If child is not yet named, make supplemental report as directed(3) Sex Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH July 26, 1933
(Name of Month) (Day) (Year)

FATHER

(8) NAME Barth Stone(9) RESIDENCE Waynesboro(10) COLOR W.C. (11) AGE AT LAST BIRTHDAY 26
(Name) (Year)(12) BIRTHPLACE W.C.(13) OCCUPATION mill hand(14) NUMBER OF CHILDREN BORN TO MOTHER 2(15) NAME Maria Compton(16) RESIDENCE Waynesboro(17) COLOR W.C. (18) AGE AT LAST BIRTHDAY 25
(Name) (Year)(19) BIRTHPLACE W.C.(20) OCCUPATION mill hand(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Waynesboro on the date above stated. (Born alive or stillborn. (Hour A. M. of P. M.))(23) (Signature) W. H. Stone(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waynesboro(26) Witness W. H. Stone(27) Filed July 26, 1933 (28) Waynesboro

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.

Before the fifth month of pregnancy