

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No.

No. 1. - For this registration

31035

Registered No. 137
(For use of Local Registrar)

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

(2) Full Name of Child

Hattie May Ross

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

(a) Sex ☒ Male ☐ Female (b) Date of Birth 10/6/23 (c) Time of Birth 10/6/23 (d) Place of Birth 400 (e) Name of Mother 10/6/23

FATHER

(a) Name John Ross

(b) Present Residence of Father Denmark K.

(c) Color Col (d) Age at Last Birthday 32 (e) Birthplace Orangeburg (f) Occupation Farmer

MOTHER

(a) Name of Mother Florence Stephens

(b) Present Residence of Mother Denmark K.

(c) Color Col (d) Age at Last Birthday 27 (e) Birthplace Orangeburg (f) Occupation

(g) Number of children born to mother, including present birth 6 (h) Number of children of this mother, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) Sam Hunter (24) Date when signed 11/1/23 (25) Address of Physician or Midwife 11/1/23

Given name and date of registration

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 11/1/23 (28) John Cooper Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. In a child born dead even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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K O D A K S A F E