

(1) PLACE OF BIRTH

County of Bamberg

Township of

or
Inc. Town ofor
City of Bamberg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4ANo. 2861Registered No. 3
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Esther RoneyIf child is not yet named, make
supplemental report as directed

| | | | |
|---------------------------------|---|--|--|
| (3) SEX OF CHILD <u>Girl</u> | (4) Type of Infant <u>Is reported only in case of Twin or Triple</u> | (5) Number in order of birth <u>1</u> | (6) Date of Birth <u>Feb 5 1923</u> |
|---------------------------------|---|--|--|

FATHER.

(7) FULL NAME
.....

(8) PRESENT RESIDENCE OF FATHER
.....

(9) COLOR
.....

(10) BIRTHPLACE
.....

(11) AGE AT LAST BIRTHDAY
..... (Years)

MOTHER.

(12) NAME BEFORE MARRIAGE
Emma Roney

(13) PRESENT RESIDENCE OF MOTHER
Bamberg

(14) COLOR
Col

(15) BIRTHPLACE
Bamberg

(16) OCCUPATION
Cook

(17) AGE AT LAST BIRTHDAY
20 (Years)

(18) Number of children born to mother, including present birth 3

(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Rebecca Hovey

(22) State whether Physician or Midwife Midwife

(23) Address of Physician or Midwife Bamberg

Given name added from a supplement-
tal report

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

(25) Filed 7 21 23 (26) John Casner

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

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