

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Dapper
Township of Robert
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43041

Registration District No. 2600 Registered No. 68
(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 Bessie Sapp If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH: Dec 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Sapp
(9) PRESENT POSTOFFICE OF FATHER Savannah Ga
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22
(Year)
(12) BIRTHPLACE Savannah Ga
(13) OCCUPATION Saw Mill Laborer
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Goodman
(15) PRESENT POSTOFFICE OF MOTHER Tellman SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
(Year)
(18) BIRTHPLACE Tellman S.C.
(19) OCCUPATION Farm Help
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. on the date above stated.
(If stillborn, state hour A. M. or P. M.)

(23) (Signature) Julia H. Gooden
(24) State Physician or Midwife (25) Address of Physician or Midwife Tellman S.C.

Given name added from a supplemental report

(26) Witness H. J. Anderson
(Signature of witness necessary only when question 23 is signed by mark)
(27) Local Registrar H. J. Anderson

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths occurring within the fifth month of pregnancy.

(Copy)