

(1) PLACE OF BIRTH

County of *Suwanee*  
Township of *Prunedale*  
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

9296

Registration District No. *4-1-A-4* Registered No. *29*  
(For use of Local Registrar)

(2) Full Name of Child *Viola Stokes*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH: *Feb 18 1927*  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *J. Stokes*  
(9) PRESENT POSTOFFICE OF FATHER *Trudal SC*  
(10) COLOR OR RACE *Brown* (11) AGE AT LAST BIRTHDAY *29*  
(12) BIRTHPLACE *Suwanee Co*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth *Four*

MOTHER

(14) NAME BEFORE MARRIAGE *Rebecca Ford*  
(15) PRESENT POSTOFFICE OF MOTHER *Trudal*  
(16) COLOR OR RACE *Brown* (17) AGE AT LAST BIRTHDAY *27*  
(18) BIRTHPLACE *Suwanee Co.*  
(19) OCCUPATION *House wife*  
(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P. M.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) *Emma Stokes*  
(24) State whether Physician or Midwife *midwife* (25) Name of Physician or Midwife *Trudal SC*

(Given name added from a supplemental report)  
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.....  
..... 19 ..  
Registrar

(26) Witness *Thomas Engler*  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Feb 22 1927* (28) *Jac. D. Dwyer* 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.

*Sub*

MADE BY THE DIVISION OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, IN COMPLIANCE WITH THE REQUIREMENTS OF THE PUBLIC HEALTH SERVICE, U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. THIS FORM IS PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C.