(1) PLACE OF BIRTH

County of Laurens

Township of Hobko

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only
4407

Registration District No. 4913 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Susie Fant

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 20, 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hicks Fant

(9) PRESENT POSTOFFICE OF FATHER Whitmire, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Booker

(15) PRESENT POSTOFFICE OF MOTHER Whitmire S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Union Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Willard B. Thomas

(24) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife Whitmire S.C.

Given name added from a supplemental report

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

(27) Filed Feb 20 1923 (28) [illegible] Local Registrar.

*When there [illegible] midwife, then the father, householder, etc., should make this return. If a child [illegible] not be reported as stillborn. No report is desired of stillbirths [illegible] the fifth month of pregnancy.

When there was [illegible] the father, householder, etc., should make this return. If a child [illegible] as stillborn. No report is desired of stillbirths [illegible] of pregnancy.

return.

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY WITH INFADING 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.
Bureau of Columbia, Columbia, S. C.