

(1) PLACE OF BIRTH

County of

Anderson

Township of

Creshmont

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12748

Registration District No.

303

Registered No.

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Jessie Mae Sweet* (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD *Female* (4) Type or Triplet *Single* (5) Number in order of birth *1st* (6) Age of Child *1 year 23 days* (7) DATE OF BIRTH (Name of Month) (Day) (Year)(8) FULL NAME OF FATHER *Jessie Sweet* (9) NAME BEFORE MARRIAGE *Stellen McCall*(10) PRESENT RESIDENCE OF FATHER *Creshmont* (11) PRESENT RESIDENCE OF MOTHER *Creshmont*(12) COLOR OR RACE *White* (13) AGE AT LAST BIRTHDAY *38* (14) COLOR OR RACE *White* (15) AGE AT LAST BIRTHDAY *52*(16) BIRTHPLACE *S.C.* (17) BIRTHPLACE *N.C.*(18) OCCUPATION *Miss Alice* (19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *8* (21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10:35 P.M.* on the date above stated. (How alive or stillborn) (Hour & M. or P. M.)(23) (Signature) *Jessie Sweet*

(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife *Creshmont*

Give name added from a supplemental report

(26) Witness

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

(27) Filed *May 3, 1923*

(28)

Local Registrar

19 _____ 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.

a Supplementary report

Address *24 men*

Filed

19 _____

Register