

(1) PLACE OF BIRTH

County of HershawTownship of Buffalo

Incl. 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

19094

Registration District No. 2700 Registered No. 85
(For use of Local Registrar)If birth occurs in a hospital or other institution, give name of _____ St. _____ Ward _____
ad of street and number.)(2) Full Name of Child Unnie Long If child is not yet named, make _____ mental report as directed(3) SEX OR GENDER Female (4) Twin or triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23 1909
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Zack Long(9) PRESENT POSTOFFICE OF FATHER Bethune SC Rt #1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Marlboro Co(13) OCCUPATION Farm Hand(14) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Scotta Copeland(15) PRESENT POSTOFFICE OF MOTHER Bethune SC Rt #1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Hershaw Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 A M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Jane X Jackson(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Bethune SC Rt #1

Given name added from a supplemental report

(26) Witness A. W. Humphries
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed JUN 23 1909 (28) 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.

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