

(1) PLACE OF BIRTH

County of HamptonTownship of Hamptonor
Inc. Town ofor
City of

(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 Burtie Bell Stanley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14 24</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Monroe Stanley(9) PRESENT POSTOFFICE OF FATHER Hampton Co SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Hampton district(13) OCCUPATION Gas welding(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Faby Smith(15) PRESENT POSTOFFICE OF MOTHER Hampton(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Hampton Co SC

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sallie Miley McDawson

(24) State, whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Burtie Bell Stanleyborn Feb 14 1924

Registrar

(26) Witness

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

(27) Filed Feb 18 24 (28) J. W. Rogers 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.

MARGIN RESERVED FOR RECORDING
 WHEN FATHER, MOTHER, CHILD, OR OTHER PERSON HAS BEEN PREVIOUSLY REGISTERED, THIS SPACE SHOULD BE USED FOR RECORDING THE DATE OF BIRTH, THE NAME OF THE CHILD, AND THE NAME OF THE FATHER, MOTHER, OR OTHER PERSON.
 FIRST-BORN NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4551

Registration District No. 2402 Registered No. 19
(For use of Local Registrar)

(No. St.; Ward)

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