

## (1) PLACE OF BIRTH

County of WilliamburgTownship of .....City of .....City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Amuel StagersDate of Birth Dec 25 1923Time of Birth 2:30 P.M.Sex MaleColor negroPlace of Birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 5Name of father Abraham StagersDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negro

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4308Registered No. 87

(For use of Local Registrar)

(If child is not yet named, make supplemental report as soon as name is given.)

Date of Birth Dec 25 1923Time of Birth 2:30 P.M.Sex MaleColor negroPlace of Birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negroPlace of birth Honshurg co. S.C.Occupation Farm LaborerNumber of children born to mother, including present one 3Name of mother Mattie MarionDate of birth .....Color negro

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Amuel Stagers on the date above stated.(23) (Signature) Jarvis Parsons(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Lanes. S.C.

Given name added from a supplemental report

(26) Witness AR Moreley(27) Date Dec 25 1923(28) Local Registrar AR Moreley

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.