

Form No. 1.

(1) PLACE OF BIRTH

County of SumterTownship of MayesvilleInc. Town of MayesvilleCity of Mayesville

(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

87597

Registration District No. 410.2Registered No. 187
(For use of Local Registrar)(2) Full Name of Child Sandra Marie

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

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov 30, 1944
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Marie

(9) PRESENT POSTOFFICE OF FATHER

Mayesville SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farm Hand

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Queen Marie

(15) PRESENT POSTOFFICE OF MOTHER

Mayesville SC

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 12:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sena Benjamin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeMayesville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 30, 1944

(28)

W. H. Thomas

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 BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.