

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

37180

Registration District No. 36

Registered No. 31  
(For use of Local Registrar)

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

## (2) Full Name of Child Henry Sistrunk

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Oct 2, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

Walter Sistrunk

(9) PRESENT POSTOFFICE OF FATHER

Jannison

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

44

(Year)

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Curie Sistrunk

(15) PRESENT POSTOFFICE OF MOTHER

Jannison

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

21

(Year)

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Field Hand

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

2

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

Linda Portsch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

W. B. S. S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/9/23

(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.