

(1) PLACE OF BIRTH

County of BambergTownship of 2 miles

Inc. Town of

City of

(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

Registration District No. 404Registered No. 64
(For use of Local Registrar)(2) Full Name of Child Almeta

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

(3) SEX OF CHILD Girl (4) Type or Twin (5) Number in order of birth 3 (6) Age year (7) DATE OF BIRTH June 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Sease Jr.(9) PRESENT RESIDENCE OF FATHER Echohardt S.C.(10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Corrie Sease(16) PRESENT RESIDENCE OF MOTHER Echohardt S.C.(17) COLOR OR RACE Wm (18) AGE AT LAST BIRTHDAY 22
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Form laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary Falk(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Echohardt S.C.

Given name added from a supplemental report

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

(27) Filed 6-16-22 H. N. Thinnel

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.