(1) PLACE OF BIRTH

County of Williamsburg

Township of Kingstree

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17199

Registration District No. 1.2.2.1. Registered No. 71
(For use of Local Registrar)

(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 Elsie Bastien

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	To be answered only in event of Twins or Triplets		Yes	June 26 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will Bastien	(14) NAME BEFORE MARRIAGE Annie Hanscom
(9) PRESENT POSTOFFICE OF FATHER Kingstree S C	(15) PRESENT POSTOFFICE OF MOTHER Kingstree S C
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farmer	(19) OCCUPATION Farm Labor
(20) Number of children born to mother, including present birth 3	(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 alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lottie Hanscom

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Kingstree S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed June 30 1923. (28) J. B. Ingram
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.

Bureau of Columbia, S. C.