

KODAK SAFETY FILM

(1) PLACE OF BIRTH

County of Wm.burg, S.C.
 Township of Ridge
 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

File No.—For State Registrar Only

19492

Registration District No. 309

Registered No.
 (For use of Local Registrar)

St. Ward)

(No.

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

(2) Full Name of Child

(a) SEX OF CHILD girl (b) Twin or Triplets (c) Number in order of birth
 To be answered only in event of Twins or Triplets

(d) Are parents married Yes

(e) DATE OF

BIRTH 12/21/49 123
 (Name of Month) (Day) (Year)

MOTHER

(f) NAME BEFORE MARRIAGE Ressie Burgess(g) PRESENT POSTOFFICE OF MOTHER Cades Creek(h) COLOR OR RACE negro(i) AGE AT LAST BIRTHDAY 29(j) BIRTHPLACE Wm.burg Co., S.C.(k) OCCUPATION Farm hand(l) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(m) I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M. M.
 on the date above stated.(n) (Signature) Sig. Cade(o) State whether Physician or Midwife Midwife(p) Address of Physician or Midwife Cades Creek

Given name added from a supplemental report

(q) Witness (Signature of Witness necessary only
 when question 27 is signed by mark)(r) Filed 12/21/49 123 23 1949

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.