

## (1) PLACE OF BIRTH

County of York

Township of .....

Inc. Town of .....

City of Leesville

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

(2) Full Name of Child Bessie Faulkner(7) BOY OR GIRL Girl(8) Twin or Triplet? No  
To be answered only in event of Twin or Triplet

(9) Number in order of birth

(10) Are Parents Married Yes(11) DATE OF BIRTH May 18 1923  
(Name of Month) (Day) (Year)

## FATHER.

(12) FULL NAME Will Faulkner(13) PRESENT POSTOFFICE OF FATHER Leesville S.C.(14) COLOR OR RACE Negro(15) BIRTHPLACE S.C.(16) OCCUPATION R. Road Man(17) Number of children born to mother, including present birth 1(18) AGE AT LAST BIRTHDAY 33  
(Years)

## MOTHER.

(19) NAME BEFORE MARRIAGE Larry Faulkner(20) PRESENT POSTOFFICE OF MOTHER Leesville(21) COLOR OR RACE Negro(22) BIRTHPLACE S.C.(23) OCCUPATION Housewife(24) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child, who was born at 530 M., on the date above stated. (Born alive or stillborn) (Insert A. M. or P. M.)(26) (Signature) Holly G. Gato(27) State whether Physician or Midwife Midwife(28) Address of Physician or Midwife Leesville S.C.

Given name added from a supplemental report

(29) Witness

(Signature of Witness necessary only when question 25 is signed by name)

(30) Filed 6/12/23

(31) 10

(32)

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.