

(1) PLACE OF BIRTH

County of Laurens
 Township of Sullivan
 or
 Inc. Town of no
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21688

Registration District No. 29.06Registered No. 44
(For use of Local Registrar)

(If birth occur in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Bessie Hood If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY girl (4) Type or Tumor _____ (5) Member in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH July 26, 23
 To be reported only in case of Twins or Triplets (Month of Birth) (Day) (Year)

FATHER.
 (8) FULL NAME Herbert Hood
 (9) PRESENT POSTOFFICE OF FATHER Laurens SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Laurens SC
 (13) OCCUPATION farming
 (14) Number of children born to mother, including present birth 09

MOTHER.
 (14) NAME BEFORE MARRIAGE Hannah Sullivan
 (15) PRESENT POSTOFFICE OF MOTHER Laurens SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE Laurens SC
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 09

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Bessie ... at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Marta Brown

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Laurens SC #6

(Given name added from a supplemental report)

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

(27) Date Aug 2, 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.

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