

(1) PLACE OF BIRTH

County of

Township of

or

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

314

Registration District No. 510

Registered No. 5

(For user of Local Registrar)

St. Ward

(No. of Month) (Day) (Year)

(2) Full Name of Child, Sara Ann Stallings

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

Single

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 27, 1912

FATHER

(8) FULL NAME

George Stallings

(9) PRESENT POSTOFFICE OF FATHER

Dunbarton S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

(14) Number of children born to mother, including present birth

1 3

MOTHER

(14) NAME BEFORE MARRIAGE

Agnes DeShazer

(15) PRESENT POSTOFFICE OF MOTHER

Dunbarton

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 30 P. M. (Born alive or Stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

M. W. G. R.

(24) State whether Physician or Midwife

(25) Address

Physician or Midwife

Midwife

Dunbarton S.C.

Given name added from a supplemental report

101

(26) Witness

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

(27) Filed

Jan. 27, 1912

(28) Signature

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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