

Form No. 1

(1) PLACE OF BIRTH

County of BambergTownship of Hamlet

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12934

Registration District No. 403Registered No. 10

(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 Anna Lora Bartholomew (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 5/6 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Bartholomew(9) PRESENT POSTOFFICE OF FATHER Bamberg(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Bamberg CO(13) OCCUPATION Public work(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Ruth Horner(16) PRESENT POSTOFFICE OF MOTHER Bamberg SC(17) COLOR OR RACE Cal (18) AGE AT LAST BIRTHDAY 23 (Year)(19) BIRTHPLACE Bamberg CO(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anna Sausage Bamberg SC

Give name added from a supplemental report

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

(27) Filed 5/6 19 23 (28) A. H. Sandifer 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.