

(1) PLACE OF BIRTH

County of Horry.....Township of Simpson Creek,Inc. Town of Loris,.....

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41061

Registration District No. 3509... Registered No. 157...

(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 Sarah Ball Falk,..... If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 22nd</u> , 19 <u>33</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Asa Falk,(9) PRESENT POSTOFFICE OF FATHER Loris, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE

Horry Co., South Carolina

(13) OCCUPATION

public Works(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Bryant,(15) PRESENT POSTOFFICE OF MOTHER Loris, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE

Horry County, South Carolina

(19) OCCUPATION

House work(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Born Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmeline(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Loris, S.C.

(Given name added from a supplemental report)

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

(27) Filed January 3rd, 1934 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1, and SECOND-BORN, No. 2, etc., in question 4.

Bureau of Vital Statistics, Columbia, S. C.