

Form No. 1

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of # 4  
 or  
 Inc. Town of Chesapeake  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — for State Registrar Only  
**21036**

Registration District No. 2102 Registered No. 95  
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Lillian Bassett child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (6) DATE OF BIRTH July 26, 1923  
 (Type of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John James Bassett  
 (9) PRESENT POSTOFFICE OF FATHER Andrews, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Year)  
 (12) BIRTHPLACE Georgetown Co., S.C.  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sadie Louretta Hunt  
 (15) PRESENT POSTOFFICE OF MOTHER Andrews, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)  
 (18) BIRTHPLACE Georgetown Co., S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. J. Bassett  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrews, 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 July 27, 1923 (28) R. W. Bailey  
 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.