

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartan
Township of Providence
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32463

Registration District No. 41.05

Registered No. 87
(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 Betha Sargue (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH Sept 2, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doc Jacless

(9) PRESENT POSTOFFICE OF FATHER Dagzell S.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Job work Saw Mill

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kathrine Sargue

(15) PRESENT POSTOFFICE OF MOTHER Dagzell S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 15
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION at home

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Effie Anderson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dagzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkett

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

(27) Filed Sept. 5th 1922 (28) J. B. Ralfield 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.