

(1) PLACE OF BIRTH

County of OrangeburgTownship of Johnor
Inc. Town ofor
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

11627

Registration District No. 3619 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Samuel Armon

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Pregnant <u>23</u> Married	(7) DATE OF BIRTH <u>April 23</u> (Month) (Day) (Year)
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FATHER

(8) FULL NAME Samuel Armon(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Orangeburg Co. S.C.(13) OCCUPATION Farm Work(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ruth Stroman(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Orangeburg Co. S.C.(19) OCCUPATION Farm Work(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Romalia at 9.9 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Rebecca Mitchell(23) State whether Physician or Midwife (24) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

1 410
Registrar

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

(26) Filed 5-2 19 23 (27) W. H. H. H.
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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