

(1) PLACE OF BIRTH

County of Orange

Township of Orange

Inc. Town of Harrison

City of Orange

CERTIFICATE OF BIRTH

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

No. 5659  
— For State Registrar Only

Registration District No. 205

Registered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Isma Budden

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be covered only in case of Twins or Triplets	(5) Number in order of Birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 26 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Robert Budden

(9) PRESENT POSTOFFICE OF FATHER Augusta GA 34

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22  
(Year)

(12) BIRTHPLACE Oriskany

(13) OCCUPATION Chalk Bed Work

(14) Number of children born to mother including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lizzie Williams

(15) PRESENT POSTOFFICE OF MOTHER Augusta GA 34

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Year)

(18) BIRTHPLACE Oriskany

(19) OCCUPATION house work

(20) 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 12:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie Kemp

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Augusta GA 34

Given name added from a supplemental report

(26) Witness W. A. K. ...  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 2 1923 (28) 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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BLANK FOR EACH CHILD, and mark the OTHER, No. 2, etc., in question 1.