

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

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

315

Registration District No. 510

Registered No. 6

(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(2) Full Name of Child

Josephine Stalling

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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 27

(Name, Month) (Day) (Year)

## FATHER

(8) FULL NAME

George Stalling

(9) PRESENT POSTOFFICE OF FATHER

Dunbarton SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

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

3

(14) NAME BEFORE MARRIAGE

Agnes De Shazer

(15) PRESENT POSTOFFICE OF MOTHER

Dunbarton SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(20) 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 alive at \_\_\_\_\_ (Born alive &amp; stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Amanda S. Reed

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Dunbarton SC

Given name added from a supplemental report

101

(26) Witness

L. V. Clarkson M.D.

(27) Filed

Jan 29 1917

(28)

R. H. Anderson 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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