

(1) PLACE OF BIRTH

County of OrangeburgTownship of Madison

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

Registration District No. 2607 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Julia M. Stanley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 13, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Stanley

(9) PRESENT POSTOFFICE OF FATHER Springville

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 47 (Year)

(12) BIRTHPLACE I.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Carmichael

(15) PRESENT POSTOFFICE OF MOTHER Springville

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Year)

(18) BIRTHPLACE I.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella F. Taylor (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springville

Given name added from a supplemental report

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

(27) Filed Feb. 15, 1923 (28) S. M. Larrant Local Registrar

When there is 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.