

(1) PLACE OF BIRTH

County of AndersonTownship of IrishmontInc. Town of IrishmontCity of Irishmont

(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. 3 13No. 2759Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Sarah Grace Stane

(1) SEX OF CHILD <u>Girl</u>	(2) Type or Weight <u>Full</u>	(3) Number in order of birth <u>3</u>	(4) Age of Mother <u>23</u>	(5) DATE OF BIRTH <u>Feb 20 1923</u>
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(6) FULL NAME OF FATHER <u>Ben Stane</u>	(7) FULL NAME OF MOTHER <u>Jessie Porter</u>
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(8) PRESENT RESIDENCE OF FATHER <u>Irishmont S.C.</u>	(9) PRESENT RESIDENCE OF MOTHER <u>Irishmont S.C.</u>
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(10) COLOR OF FATHER <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>29</u>
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(14) BIRTHPLACE OF FATHER <u>S.C.</u>	(15) BIRTHPLACE OF MOTHER <u>S.C.</u>
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(16) OCCUPATION OF FATHER <u>Miss Work</u>	(17) OCCUPATION OF MOTHER <u>Domestic</u>
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(18) Number of children born to mother, including present birth <u>3</u>	(19) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Hour A. M. or P. M.) 140 a.m.(21) (Signature) Dr. J. H. Stane(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife Irishmont S.C.

Given name added from a supplemental report

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

(25) Date Feb 21 1923

(26) 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.