

(1) PLACE OF BIRTH

County of Curry
 Township of Curry
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH

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

Registration District No. 1304Registered No. 13
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Baykin Stony

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

(3) SEX OR CHILD Boy (4) Type or Token To be reported only in case of Twin or Triple (5) Number in order of birth 1 (6) Date of Birth Dec 23 1923
 (Name of Month) (Day) (Year)

FATHER.
 (7) Full Name Baykin Stony
 (8) Present Residence of Father Curry
 (9) Color or Race Color (10) Age at Last Birthday 25
 (11) Birthplace Curry
 (12) Occupation farmer
 (13) Number of children born to mother, including present birth 1

MOTHER.
 (14) Full Name Beulah Campbell
 (15) Present Residence of Mother Curry
 (16) Color or Race Color (17) Age at Last Birthday 15
 (18) Birthplace Cassette
 (19) Occupation farmer
 (20) Number of children of the 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 alive at 5 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness Alvin Salzman

(Signature of Witness necessary only when question 22 is signed by nurse)

(26) Filed Dec 31 192319
Registrar

*When there was no attending physician or midwife, then the father, mother, or other person present at the birth must sign this certificate.
 If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.