

## (1) PLACE OF BIRTH

County of ThurberryTownship of # 3or  
Inc. Town of.....or  
City of.....

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

## (2) Full Name of Child

Sex of Child boyType or Figure yesAge of Child 30Date of Birth Sept 30, 1923Name of Mother Ellen MageName of Father Blair S.C.Color of Child negroAge at Birth 38Birthplace S.C.Occupation FarmingNumber of children born to mother, including present birth 8Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Per all or stillborn) (Hour, M. or P.)

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