

(1) PLACE OF BIRTH

County of DillonTownship of Arleeville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39933

Registration District No. 1602Registered No. 152
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child John Sisale
(If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Type or Triplet No (5) Number in order of birth 1 (6) Age at birth Days (7) DATE OF BIRTH Dec 5 29
(Name of Month) (Day) (Year)FATHER: (8) FULL NAME Bill Sisale (9) PRESENT POSTOFFICE OF FATHER Mountain SC (10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY 38 (Year) (12) BIRTHPLACE SC (13) OCCUPATION Farmer
MOTHER: (14) NAME BEFORE MARRIAGE Stearns Atkinson (15) PRESENT POSTOFFICE OF MOTHER Mountain SC (16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 27 (Year) (18) BIRTHPLACE SC (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Sign A. M. or P. M.)
on the date above stated.(23) (Signature) Harriet Mack (24) midwife whether Physician or Midwife (25) Address of Physician or Midwife Mountain SC

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 signed by midwife) Dec 7 29 J Hardy
(27) Filed Dec 7 29 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.