

(1) PLACE OF BIRTH

County of Upson  
Township of Saukch  
or  
Inc. Town of .....

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

No. 8760 - For State Registrar Only

Registration District No. K206 Registered No. 8  
(For use of Local Registrar)

City of ..... (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 .....

(3) SEX OR SEXES Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) AGE MONTHS 3 (6) DATE OF BIRTH Feb 9 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME George Webb  
(9) PRESENT POSTOFFICE OF FATHER Saukch O.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Year)  
(12) BIRTHPLACE York Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Jessie Crawford  
(15) PRESENT POSTOFFICE OF MOTHER .....  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Year)  
(18) BIRTHPLACE York Co  
(19) OCCUPATION Farming  
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)

(22) (Signature) Harriet Hampton  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife  
222 W. Saukch O.C.

Given name added from a supplemental report  
.....  
..... 19 .....

(25) Witness .....  
(Signature of Witness necessary only when question 21 is signed by mark)  
(26) Filed 3/10 19 23 (27) H.M. Hampton 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.

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