

(1) PLACE OF BIRTH

County of UpsonTownship of Saunder

Inc. Town of

City of

(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. K206 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>Female</u>	(7) DATE OF BIRTH <u>Feb 9, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>George Webb</u>			(14) NAME BEFORE MARRIAGE <u>Jessie Crawford</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Saunder O.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>York Co</u>		(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>York Co</u>		
(19) Number of children born to mother, including present birth <u>4</u>		(20) OCCUPATION <u>Farming</u>		
		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

on the date above stated.

(23) (Signature) Harriet Hampton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

222 W. ...Saunder O.C.

(Given name added from a supplemental report)

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

(27) Filed 3/10 19 23 (28) H. J. ... 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.

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