

(1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 Inc. Town of Heath Springs
 City of S. C. R. H.

CERTIFICATE OF BIRTH

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

41251

Registration District No. 25.06 Registered No. 128
 (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 Stephen Segars If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Type or Type No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec. 16, 1928
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Collins Segars
 (9) PRESENT POSTOFFICE OF FATHER Heath Springs S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Year)
 (12) BIRTHPLACE Lancaster Co S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Blockman
 (15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Year)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was St. Alice at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. V. Bishop (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife L. V. Bishop M.D.

Given name added from a supplemental report

(26) Witness Heath Springs S.C. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-18-28 (28) E. T. Brown 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 stillborns before the fifth month of pregnancy.

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