

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 mile
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10009

Registration District No. 404 Registered No. 38
 (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

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 14 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 25 2
 (Name) (Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Joe George
 (9) PRESENT POSTOFFICE OF FATHER Lodge S B
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 51
 (Year)
 (12) BIRTHPLACE S B
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Neta Stewart
 (15) PRESENT POSTOFFICE OF MOTHER Lodge S B
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 42
 (Year)
 (18) BIRTHPLACE S B
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Galt(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ethardt S B

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. D. Kinard

(27) Filed 4 27 19 22 (28) W. D. Kinard 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.