

(1) PLACE OF BIRTH

County of Upson
 Township of Sandwich, SC
 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

16149

Registration District No. 4206 Registered No. 13
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ernest John If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Age 3 (7) DATE OF BIRTH Mar 19, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank John</u>	(14) NAME BEFORE MARRIAGE <u>Phoebe Ann Gilliam</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Sandwich, SC</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Sandwich, SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE	(18) BIRTHPLACE	(18) BIRTHPLACE
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION	(19) OCCUPATION	(19) OCCUPATION
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth	(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:00 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Gilliam
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sandwich, SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/10 19 23 (28) DR. J. J. J.

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 stillborns before the fifth month of pregnancy.