

## (1) PLACE OF BIRTH

County of YamhillTownship of Summit

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

File No. For State Registrar Only  
64514Registration District No. 2205 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Bessy Sebor { If child is not yet named, make supplemental report as directed

(3) <del>BOY</del> GIRL?	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 25</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Jane Sebor(9) PRESENT POSTOFFICE OF FATHER Tony Creek(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 34  
(Years)(12) BIRTHPLACE Summit Co Sc(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Nash(15) PRESENT POSTOFFICE OF MOTHER Tony Creek(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Summit Co Sc(19) OCCUPATION Home wife(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 an at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Allen Nash(24) State whether Physician or Midwife (25) Address of Physician or Midwife Princeton Sc

Given name added from a supplemental report

..... 181 .....

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Registrar(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filled Jan 25 (28) C. S. Smith  
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.