

## (1) PLACE OF BIRTH

County of YambooTownship of Lawe

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.-For State Registrar Only

545

Registration District No. 4346 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 unnamed If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Boy (4) Type or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 16 19 23  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Alfred William</u>	(14) NAME BEFORE MARRIAGE <u>Susannah Pompey</u>	(9) PRESENT RESIDENCE OF FATHER <u>Salters Depot. S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Salters Depot. S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(12) BIRTHPLACE <u>Yamboo co. S.C.</u>	(18) BIRTHPLACE <u>Yamboo co. S.C.</u>	(13) OCCUPATION <u>R. R. Painter</u>	(19) OCCUPATION <u>Farm laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rose Cashaw (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lawe, S.C.

Given name added from a supplemental report

(26) Witness Powell Pompey (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 16 19 23 (28) at Moreley Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.