

(1) PLACE OF BIRTH

County of *Florence*Township of *Timmonsville*Inc. Town of *Timmonsville*City of *Timmonsville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40372

Registration District No. *2015*Registered No. *45*
(For use of Local Registrar)(No. *2015* St. *45* Word)

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

(2) Full Name of Child *Bessie Gee*

If child is not yet named, make supplemental report as directed

(1) Sex of Child *Girl*

(2) Type of Triplet

(3) Number in order of birth
To be answered only in event of Twins or Triplets(4) Age of Mother *Married*(5) DATE OF BIRTH *Dec 13, 23*
(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME *Laura Gee*(7) PRESENT POSTOFFICE OF FATHER *Timmonsville*(8) COLOR OR RACE *Negro*(9) AGE AT LAST BIRTHDAY *31*
(Year)(10) BIRTHPLACE *Florence Co.*(11) OCCUPATION *Lab Work*(12) Number of children born to mother, including present birth *6*

MOTHER

(13) NAME BEFORE MARRIAGE *Cora Boyzell*(14) PRESENT POSTOFFICE OF MOTHER *Timmonsville*(15) COLOR OR RACE *Negro*(16) AGE AT LAST BIRTHDAY *22*
(Year)(17) BIRTHPLACE *Wettersburg*(18) OCCUPATION *House Work*(19) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *Alive* at *6 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) *Stella Smith*(22) State whether Physician or Midwife *Midwife*(23) Address of Physician or Midwife *Timmonsville*

(Given name added from a supplemental report)

(24) Witness *Robt. Nelson*
(Signature of Witness necessary only when question 23 is signed by nurse)(25) Filed *12/22/23* (26) *Robt. Nelson*

*When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required before the fifth month of pregnancy.