

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. for State Registrar Only

County of Florence

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

40372

Township of Timmonsville

Inc. Town of

Registration District No. 2015

Registered No. 25

(For use of Local Registrar)

City of

(No. of Ward)

(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

(6) Sex of Child: Girl (7) Date of Birth: Dec 13, 23

FATHER: (9) Full Name: Lamine Gee (10) Present Postoffice: Timmonsville (11) Color or Race: Negro (12) Age at Last Birthday: 31 (13) Birthplace: Florence Co. (14) Occupation: Job work (15) Number of children born to mother: 6

MOTHER: (16) Name before Marriage: Cora Boyzell (17) Present Postoffice of Mother: Timmonsville (18) Color or Race: Negro (19) Age at Last Birthday: 22 (20) Birthplace: Williamsburg (21) Occupation: Home work (22) Number of children of this mother now living: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated.

(24) Signature: Hattie Smith (25) State whether Physician or Midwife: Midwife (26) Address of Physician or Midwife: Timmonsville

Given name added from a supplemental report

(27) Witness: R. H. Neason (Signature of Witness necessary only when question 23 is signed by mother)

(28) Filed: 12/22/23 (29) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must report to the Registrar if a child breathes even once. It must not be reported as stillborn. No report is required before the fifth month of pregnancy.