

(1) PLACE OF BIRTH

County of BambergTownship of Bambergor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2870 For State Registrar Only

2870

Registration District No. 499 Registered No. 22
(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 Willie B. Bostwright (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type or Token To be preserved only in case of Twin or 3 kids	(5) Number of order of birth	(6) Sex of Mother <u>yes</u>	(7) DATE OF BIRTH <u>Feb 5 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Adam Bostwright</u>			(9) NAME BEFORE MARRIAGE <u>Mary Hays</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Bamberg</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Bamberg</u>	
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>55</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(16) BIRTHPLACE <u>Bamberg</u>			(17) BIRTHPLACE <u>Bamberg</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer Hand</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 7 A
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ella S. Baker(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Bamberg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/12 1923 (28) John Cramer 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 stillborns before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.