

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">20768</div> |
|--|--------------------------------|---|-------------------------------------|---|
| County of <u>Albermarle</u> | | Registration District No. <u>4603</u> | | Registered No. <u>39</u> |
| Township of <u>Bull Pond</u> | | | | (For use of Local Registrar) |
| City of | | (No. St.; Ward) | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | |
| (2) Full Name of Child <u>Viola Marie Sted</u> | | If child is not yet named, make supplemental report as directed | | |
| (3) BOY OR GIRL <u>girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>July 22</u> , 19 <u>22</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Thomas J. Sted</u> | | (9) NAME BEFORE MARRIAGE <u>Esther Weaver</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Windale S.C.</u> | | (10) PRESENT POSTOFFICE OF MOTHER <u>Windale S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | | (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) | | (12) COLOR OR RACE <u>White</u> |
| (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) | | (12) COLOR OR RACE <u>White</u> | | (13) AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| (12) BIRTHPLACE <u>Barwell Co. S.C.</u> | | (14) BIRTHPLACE <u>Barwell Co. S.C.</u> | | |
| (13) OCCUPATION <u>Farmer</u> | | (15) OCCUPATION <u>Farmer's wife</u> | | |
| (14) Number of children born to mother, including present birth <u>12</u> | | (16) Number of children of this mother now living, including present birth <u>12</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5</u> P. M., on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)) | | | | |
| (23) (Signature) <u>Maria Herndon</u> | | (24) State whether Physician or Midwife <u>Midwife</u> | | |
| (25) Address of Physician or Midwife <u>Windale S.C.</u> | | | | |
| Given name added from a supplemental report | | (26) Witness <u>John T. L. Well</u> (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 19 <u>22</u> Registrar | | (27) Filed <u>July 27</u> , 19 <u>22</u> (28) <u>J. L. Rouse</u> 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.

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