

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Township of

City of

City of

(2) Full Name of Child

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

14963

Registration District No.

Registered No.

(For use of Local Registrar)

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

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

(3) SEX Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar. 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Lillian(9) PRESENT POSTOFFICE OF FATHER Gibson, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Shacy(15) PRESENT POSTOFFICE OF MOTHER Gibson, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James L. Lillian(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gibson, S.C.

Given name added from a supplemental report

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

(27) Filed 10 23 (28) J. L. Lillian 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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