

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4363

Registration District No. 2804

Registered No. 28
(For use of Local Registrar)

(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

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

3. BOY OR GIRL

4. Twin or Triplet

5. Number in order of birth

6. Age Parents Married

7. DATE OF BIRTH July 21, 1923
(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

13. OCCUPATION

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

18. BIRTHPLACE

19. OCCUPATION

20. Number of children born to mother, including present birth

21. Number of children of the mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. Now A. M. or P. M.)

(23) (Signature) (24) Address of Phys. or Midwife

Given name and date of birth of child

Signature of Local Registrar

The Local Registrar should make this return. If a child is desired of stillbirths

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