

(1) PLACE OF BIRTH

County of Florence
 Township of Queddy
 or Town of Pamplico
 or City of S.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

2098

Registration District No. 2412 Registered No. 15
 (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

If child is not yet named, make supplemental report

(3) SEX OF CHILD girl (4) Type or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH Feb 23 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Milikin Bazen

(9) PRESENT RESIDENCE OF FATHER Pamplico S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth Two

MOTHER.

(16) FULL NAME Mary Alma Poston

(17) PRESENT RESIDENCE OF MOTHER Pamplico S.C.

(18) COLOR OR RACE white (19) AGE AT LAST BIRTHDAY 24 (Year)

(20) BIRTHPLACE S.C.

(21) OCCUPATION Housewife

(22) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 730 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) M. A. Poston (25) Address of Physician or Midwife Pamplico S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1, 1923 (28) M. A. Poston 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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