

(1) PLACE OF BIRTH

County of DefurtonTownship of Platt Springs

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
21785Registration District No. #3110 Registered No. 24
(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 H. B. Mack If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) TIME OF BIRTH 11:17 (5) MONTH OF BIRTH July (6) DAY OF BIRTH 17 (7) YEAR OF BIRTH 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Newland B. Mack (14) NAME BEFORE MARRIAGE Francis Fallaw(9) PRESENT POSTOFFICE OF FATHER Gaston, S.C. (15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year) (Year)(12) BIRTHPLACE Defurton Co. S.C. (18) BIRTHPLACE Defurton Co. S.C.(13) OCCUPATION Rural mail carrier (19) OCCUPATION Housework(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (23) Date July 17, 1923 (24) Hour 11:17 (25) M. or P. A.M.
on the date above stated.(26) (Signature) D. C. Brooker M.D. (27) Address of Physician or Midwife Defurton S.C.(28) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(30) Filed July 20, 1923 (31) Mrs. Joe. Fallaw 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.