

## (1) PLACE OF BIRTH

County of KingTownship of Black Creek

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 31.00

No. for State Registrar Only

14901Registered No. 2A.....  
(For use of Local Registrar)

## (2) Full Name of Child

Charles Edward

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

(3) SEX OF CHILD

Boy

(4) Type of Birth

Is born or stillborn

(5) Number in order of birth

(6) Age of Mother

(7) DATE OF BIRTH

Feb 4 1923

## FATHER.

(8) FULL NAME

Stanley Myzer

(9) PRESENT RESIDENCE OF FATHER

Leesville

(10) COLOR OF SKIN

White

(11) AGE AT LAST BIRTHDAY

21

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

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

1

## MOTHER.

(15) FULL NAME

Lessie H. Hall

(16) PRESENT RESIDENCE OF MOTHER

Leesville

(17) COLOR OF SKIN

White

(18) AGE AT LAST BIRTHDAY

18

(19) BIRTHPLACE

S. C.

(20) OCCUPATION

housewife

(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 ..... M.,  
on the date above stated. .... (Was A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

J. S. Croston Leesville 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

Jan 9 1923

(28) (Signature)

D. C. Harth

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.