

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

No. **34574**

(1) PLACE OF BIRTH

County of Anderson

Township of Union

or Inc. Town of Union

City of Union

Registration District No. 300

Registered No. 152  
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX MALE	(4) AGE at birth To be reported only in case of Twin or Triplet	(5) NUMBER IN ORDER OF BIRTH	(6) SEX OF MOTHER	(7) DATE OF BIRTH (Name of Month) <u>Nov</u> <u>24</u> <u>1923</u>
FATHER			MOTHER	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
(9) PRESENT RESIDENCE OF FATHER			(15) PRESENT RESIDENCE OF MOTHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE	(13) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)
(16) OCCUPATION			(18) BIRTHPLACE	
(19) OCCUPATION			(20) OCCUPATION	
(21) Number of children born to mother, including present birth			(22) Number of children of this mother now living, including present birth	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark P. M. or P. M.)  
 on the date above stated.

(24) (Signature) \_\_\_\_\_  
 State whether Physician or Midwife

(25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplementary report

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

(27) Nov 24 1923 (28) 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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