

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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

18763

County of Orangeburg
Township of Orangeburg
OF
Inc. Town of.....
OF
City of.....Registration District No. 3618 Registered No. 28
(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 Hellie Handyburg If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 26, 1923
(Month) (Day) (Year)FATHER.
(8) FULL NAME Lincoln Handyburg
(9) PRESENT POSTOFFICE OF FATHER Vance IL
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Year)
(12) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 5MOTHER.
(14) NAME BEFORE MARRIAGE Hellie Handyburg
(15) PRESENT POSTOFFICE OF MOTHER Vance IL
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Year)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lavinia Shuler
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance IL

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 3, 1923 (28) L. H. Van Sledright 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.