

(1) PLACE OF BIRTH

County of

Township of

or

City of

(If birth occurred 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

File No. — for State Registrar Only

28136

Registration District No. 17A7

Registered No. 29

(For use of Local Registrar)

Full Name of Child *unn. name*

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

BOY OR GIRL?

*Girl*

(4) Twin or triplet?

*No*

(5) Number in order of birth

*6*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Sept 22 1923*

## FATHER.

FULL NAME

*Smith River*

PRESENT POSTOFFICE OF FATHER

*Knightsville S.C.*

COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*4 years*

(12) BIRTHPLACE

*Knightsville S.C.*

(13) OCCUPATION

*Common Labor*

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

*6*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Safaria Bing*

(15) PRESENT POSTOFFICE OF MOTHER

*Knightsville S.C.*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*39 years*

(18) BIRTHPLACE

*Leadberg S.C.*

(19) OCCUPATION

*Common Labor*

(21) 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 *a boy* at *4:40* P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Rachel R. Rivers, Midwife*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife* *Knightsville S.C.*

For name added from a supplemental report

(26) Witness

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

(27) Place

*Knightsville S.C.*

(28) 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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