

## PLACE OF BIRTH

City of Union  
 County of Union  
 or  
 Town of Union  
 or  
 of Union

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**22823**

Registration District No. 4204 Registered No. 37  
 (For use of Local Registrar)

(No. 1 St. 1 Ward 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Harriet S. S. S. If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	DATE OF BIRTH <u>July 6, 1923</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Edna S. S.</u>			(14) NAME BEFORE MARRIAGE <u>Edna S. S.</u>	
PRESENT POSTOFFICE OF FATHER <u>Union</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union</u>	
COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(12) COLOR OR RACE <u>Caucasian</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
BIRTHPLACE <u>Kilton</u>			(16) BIRTHPLACE <u>Union</u>	
OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Farmer</u>	
Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at Union M., on the date above stated. Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

For name added from a supplemental report

(25) Witness

Nettie B. McMillan  
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed

Mrs. Geo. L. Mann

Local Registrar

19 1923  
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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