

(1) PLACE OF BIRTH

County of Florence
 Township of Captiva
 or Town of D. S. F. L. H.
 or City of _____

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

No. — For State Registrar Only
3887

Registration District No. 2010

Registered No. 7
 (For use of Local Registrar)

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

(2) Full Name of Child Theresa Robert Langston If child is not yet named, make supplemental report as directed

3 SEX OR (M/F) boy 4 Twin or Triplet _____ 5 Number in order of birth _____ 6 Are Parents Married? yes 7 DATE OF BIRTH June 30, 1923
 (Name of Month) (Day) (Year)

FATHER.
 8 FULL NAME John Isaac Langston
 9 PRESENT POSTOFFICE OF FATHER Cowards SC
 10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 40 (Year)
 12 BIRTHPLACE Scranton SC
 13 OCCUPATION farming

MOTHER.
 14 NAME BEFORE MARRIAGE Olive Clara Zoller
 15 PRESENT POSTOFFICE OF MOTHER Cowards SC
 16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 26 (Year)
 18 BIRTHPLACE Sea SC
 19 OCCUPATION house keeping
 20 Number of children of this mother now living, including present birth 1

21 Number of children born to mother, including present birth 3
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) _____ (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cowards SC
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) E. L. Montgomery (28) _____

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child becomes stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.