

## (1) PLACE OF BIRTH

County of Yamuse  
 Township of Chin  
 or  
 Inc. Town of .....  
 or  
 City of .....

(If birth occurs 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

No. - For State Register  
**40235**

Registration District No. 2001 Registered No. 105  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth No (6) Age at birth No (7) DATE OF BIRTH Feb 10 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Unknown

(9) PRESENT POSTOFFICE OF FATHER "

(10) COLOR OR RACE " (11) AGE AT LAST BIRTHDAY " (Year)

(12) BIRTHPLACE "

(13) OCCUPATION "

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Herman

(15) PRESENT POSTOFFICE OF MOTHER Pamlico

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, 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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Mack

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

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 20 1923 (28) W.T.H.

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