

## (1) PLACE OF BIRTH

County of *Spaulding*Township of *Eden*

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

Registration District No. *486*

No. for State Registrar Only

30224

Registered No. *112*

(For use of Local Registrar)

(2) Full Name of Child *Jessie North*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth *1st*(6) No. of Previous Marriages *No.*(7) DATE OF BIRTH *Aug 13 23*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Unknown*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth *1*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Beatrice Northman*(16) PRESENT POSTOFFICE OF MOTHER *Whitestone*(17) COLOR OR RACE *Col.*(18) AGE AT LAST BIRTHDAY *42*

(Years)

(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *White* *Male*  
(Born alive or stillborn) (Born A. M. or P. M.)  
on the date above stated.(23) (Signature) *E. C. C. C. C.*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Whitestone*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 14 23*(28) *M. W. Brown*  
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.