

(1) PLACE OF BIRTH

County of

Township of

Inn. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4103

Registered No. 75
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD

(4) Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

FATHER.

(8) FULL NAME

(9) PRESENT RESIDENCE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT RESIDENCE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, alive at 3 P. M. on the date above stated. born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Morris T. Hatcher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 8 1923

(28)

(29) Local Registrar

When born in a hospital or other institution, then the father, householder, etc. should make this return. If a child is born dead, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.