

Form No. 8

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE NO. For State Registrar Only

27593

Registered No. 193

(For use of Local Registrar.)

(No. _____ St.; _____ Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? single (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 12 1923

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

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

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P. M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(27) Filed 10/10 1923 W. L. Smith 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 28th month of pregnancy.