

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

22519

County of _____

Township of _____

In Town of _____

City of _____

Registration District No. 40-a

Registered No. 326

(For use of Local Registrar.)

(2) Full Name of Child

Dora L. Sabiston

St. _____ Ward _____

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

Is the child a girl?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

7 25 23
(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

FATHER

Clyde L. Sabiston

City

(11) AGE AT LAST BIRTHDAY

23
(Years)

N.C.

Salesman Store

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

Uleta Marshall

City

(17) AGE AT LAST BIRTHDAY

20
(Years)

W

N.C.

Housewife

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

James Toney

Nov 17

1923
Registrar

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed

8-1-

19 23

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.