(1) PLACE OF BIRTH

County of Georgetown

Township of X

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar
17704

Registration District No. 2104 Registered No. 19 (For use of Local Registrar)

(No. ..... St. ..... Ward)

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

(2) Full Name of Child Lizzie Rags (If child is not yet named, make supplemental report as directed.)

(3) Twin or Triplet	(4) Twin or Triplet	(5) Number in order of birth	(6) Sex	(7) Date of birth
			Fem	June 2, 1923 (Month, day, year)

To be accurately given in case of Twins or Triplets

FATHER.	MOTHER.
(8) Full name: William Rags	(14) Maiden name before marriage: Lizzie Georgetown
(9) Present occupation of father: Rhems S C	(15) Present occupation of mother: Rhems SC
(10) Color or race: Negro	(16) Color or race: Negro
(11) Age at last birthday: 40 (Years)	(17) Age at last birthday: 23 (Years)
(12) Birthplace: Georgetown Co	(18) Birthplace: Georgetown Co
(13) Occupation: Farmer	(19) Occupation: Housework
(20) Number of children born to mother, including present birth: 3	(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 alive (Born alive or stillborn) at ..... M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nellie Frost

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Rhems SC

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness G. W. Williams
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 10 1923 (28) G. L. Ellis
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.

Bureau of Columbia, Columbia, S. C.

N. B.—In case of TWINS or TRIPLETS use a separate form for each. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.