

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 604No. for this register 31160Registered No. 1376  
(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 Mary Luella If child is not yet named, make supplemental report as directed(3) SEX OR girl (4) Type girl (5) Number in no (6) DATE OF Sept 1 1925  
BIRTH (Month) (Day) (Year)FATHER.  
(7) FULL NAME Dont know.  
(8) PRESENT RESIDENCE OF FATHER  
(9) COLOR OR RACE X (10) AGE AT LAST BIRTHDAY (Year)  
(11) BIRTHPLACE  
(12) OCCUPATIONMOTHER.  
(13) NAME BEFORE MARRIAGE Diana Luella  
(14) PRESENT RESIDENCE OF MOTHER Fragmore H.C.  
(15) COLOR OR RACE negro (16) AGE AT LAST BIRTHDAY (Year)  
(17) BIRTHPLACE South Carolina  
(18) OCCUPATION Farmer(19) Number of children born to mother, including present birth 1  
(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or 4000 (How A. M. or P. M.)  
on the date above stated.(22) (Signature) Jane Smith & Fragmore S.C.  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Oct 11 1925 (27) 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.