

(1) PLACE OF BIRTH

County of Columbia
 Township of Broxton
 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. 1403

File No.—For State Registrar Only
29757

Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

3. SEX OR
GIRL?

4. Twin
or Triplet? one

5. Number in
order of birth

6. Are
Parents
Married? yes

7. DATE OF
BIRTH Sept 3 1922
 (Name of Month) (Day) (Year)

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

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

FATHER.

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

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

20. Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Sept 3 at 5-9 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lidia Glover

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Churchard-

Given name added from a supplemen-
tal report

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

(27) Filed Sept 10 1922

(28) Mrs. L. M. Godley 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.

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